JICA Thematic Guidelines

On

Disability

March 2009

Japan International Cooperation Agency

Foreword

We have revised the JICA's Thematic Guideline on Assistance for Persons with Disabilities formulated in October 2003. Before the final revision, we explored possible directions for JICA's cooperation by taking into account the idea of "human security" and the new JICA's vision "Inclusive and Dynamic Development." We shall be delighted if this new Guideline will lay the foundation of JICA's assistance for persons with disabilities and serve as the manual for JICA's efforts to enhance the social participation of persons with disabilities after the merger with JBIC in October 2008.

We have compiled this Thematic Guideline on JICA's Assistance for Persons with Disabilities to show the direction for JICA's projects and the points to be noted based on the result of our exploration and analysis of the status quo, trends, approaches, and techniques of assistance for persons with disabilities. We expect that this Guideline will enhance basic information and knowledge sharing about assistance for persons with disabilities among all the persons concerned. We also hope that it will guide you through the stages of planning/designing, assessment and implementation of JICA's projects.

We will make this Guideline publicly available at the JICA's Knowledge Site so that anyone will be able to access the Guideline and understand the basic principles underlying JICA's assistance for persons with disabilities, thereby making the JICA's principles and activities widely known.

March 2009

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Overview

1. Outline of assistance for persons with disabilities

1-1 Status quo of assistance for persons with disabilities

It is reported by the United Nations that there are 600 million people who have some form of disability in the world, two-thirds of which, that is, 400 million people, live in developing countries. Persons with disabilities in developing countries are faced with participation restraints in various opportunities and live in poverty in the overwhelming majority of cases. It is essential to include persons with disabilities in the target population of assistance and take positive measures in order to achieve the UN Millennium Development Goals by 2015.

1-2 Definition of assistance for persons with disabilities

This guideline defines assistance for persons with disabilities as "empowerment and mainstreaming of persons with disabilities to achieve their 'full participation and equality'." "Empowerment of persons with disabilities" means the process in which persons with disabilities, their families and communities develop five dimensions of capabilities (basic capability, social capability, economic capability, political capability, and risk management capability) while taking into account various circumstantial conditions. "Mainstreaming of assistance for persons with disabilities" in JICA's projects means that a disability viewpoint shall be included in every cooperation scheme, project cycle, and sector.

1-3 Trends in international assistance

After the Declaration on the Rights of Disabled Persons in 1975 and other subsequent actions, the resolution on the International Year of Disabled Persons was adopted in 1981, whereby assistance for persons with disabilities began to be deemed as one of major issues by the international community. The United Nations proclaimed the period from 1983 to 1992 as "the United Nations Decade of Disabled Persons" and adopted the World Program of Action concerning Disabled Persons as its guidelines, thereby inspiring each country to take various measures. Subsequently, in 1993 the UN member countries agreed on "the Standard Rules on the Equalization of Opportunities for Persons with Disabilities". Since the late 1990s, a voice that a more powerful treaty on the rights of persons with disabilities would be necessary had gathered force. In December 2006 "the Convention on the Right of Persons with Disabilities" was adopted and put into force in May 2008.

Together with these actions taken under the leadership of the United Nations, a number of efforts were also made in each region. In Asia, the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) voted for "the Asian and Pacific Decade of Disabled Persons" in 1992 and adopted the Agenda for Action for the Asian and Pacific Decade of Disabled Persons consisting of 12 issues for action. In 2002 it was decided that "the Asian and Pacific Decade of Disabled Persons" would be extended to 2012. The Biwako Millennium Framework for Action, which the governments and other stakeholders in each country should address, was adopted as its policy and action plan for persons with disabilities. In regions other than Asia, the Organization of African Unity (the present African Union) declared "the African Decade of Disabled Persons" (2000~2009) in 1999; the UN Economic and Social Commission for West Asia (ESCWA) and the League of Arab States declared "the Arab Decade of Disabled Persons" (2004~2013) in 2004. Similarly, in 2006 the Organization of American States adopted "the Decade of Americas for the Rights and Dignity of Persons with Disabilities" (2006~2016). As can be seen, each region has adopted its own initiatives.

1-4 Trends in assistance by Japan

The adoption of "International Year of Disabled Persons" in 1981 and the subsequent "UN Decade of Disabled Persons" triggered Japan's policy shift in assistance for persons with disabilities. That is, its focus was changed to strengthening housing measures and enhancing social participation based on the ideas of normalization and independent living. The Basic Law for Persons with Disabilities, which was stipulated in 1993, expanded the scope of the target

disabilities and provided that the national government should set the day of persons with disabilities and formulate the basic plan for persons with disabilities. This 10-year plan started from 2003 wherein basic policy orientation for implementation of measures over a decade is determined to promote further participation of persons with disabilities in the society. The Law for Supporting Independence of Persons with Disabilities, which has been in force since fiscal 2006, revised the system of welfare services. That is, the system in which services were delivered based on the type of disability was changed to a system in which they are offered under the central control of the municipal government. The Law also made an amendment as to the service users' obligation to pay.

In the postwar days "the Japan Federation of the Deaf", "the Japan Federation of the Blind", and "the Japan Federation of the Physically Disabled", etc., were founded as national organizations of persons with disabilities by the type or cause of disability and carried out activities separately in an early stage. Since the 1980s, however, inspired by "the International Year of Disabled Persons", such organizations of persons with disabilities have been strengthening their partnerships with others beyond the types of disabilities and their standpoints.

Viewed from external relations, it was stated in the past JICA's plans related to persons with disabilities that international cooperation should be provided by using knowledge that had been accumulated in Japan. Also, in May 2002 the General Assembly of ESCAP adopted the resolution on extending "the Asian and Pacific Decade of Disabled Persons" based on the proposal made by Japan.

2. Approach to assistance for persons with disabilities

2-1 Objective of assistance for persons with disabilities

The objective of JICA's assistance for persons with disabilities is to assist developing countries with their achievement of "full participation and equality" of persons with disabilities. To put it another way, JICA supports persons with disabilities so that they will be able to fully and equally participate in social life and social development and acquire all the opportunities in the same way that persons without disabilities do.

2-2 Effective approach to assistance for persons with disabilities

Towards achieving the aforementioned objective, a twin-track approach is necessary. It involves (1) empowerment of persons with disabilities, their families and organizations of persons with disabilities and (2) mainstreaming of assistance for persons with disabilities in every one of JICA's projects.

(1) Empowerment of persons with disabilities

After having discerned the differences at the levels of assistance target, the empowerment-type assistance is classified into "direct assistance" and "development of conditions and environment." Based on the classification, assistance measures will be explored. By extending cooperation to such levels as "disabled persons themselves, their families and group of persons with disabilities," "local public bodies and residents' groups," and "national government," JICA will be able to contribute to the development of five dimensions of capabilities (basic, social, economic, political, and risk management capabilities).

1) Direct assistance for empowering persons with disabilities

Direct assistance includes, for instance, ability development training of persons with disabilities, organizing groups of persons with disabilities, and implementing community-based rehabilitation (CBR) programs. Volunteers such as the Japanese Overseas Cooperation Volunteers (JOCV) provide grassroots assistance according to the job division including the extension worker in youth activities and rural development, the dietician, the midwife, the nurse, and the computer engineer in addition to the occupations associated with functional rehabilitation of persons with disabilities.

2) Development of conditions and environment for empowerment

JICA will provide its cooperation related to this issue, based on the principal concepts such as

the enhancement of self-motivation and self-reliance of persons with disabilities and their full participation and equality in the following areas: education, training/employment, welfare (administrative services, development/improvement of prostheses and orthoses, their dissemination, and guaranteed access to information and communications), health and medical care (prevention and early detection of the causes of disabilities, research studies, and rehabilitation medical services), sports, recreational and cultural activities, awareness-raising/public relations activities, and living environment.

(2) Mainstreaming

JICA will expand the participation of persons with disabilities in all its projects as beneficiaries or as implementers. That is to say, JICA needs to enhance the "mainstreaming of persons with disabilities in JICA's projects, and at the same time tries to "deepen awareness and understanding of persons with disabilities among JICA-affiliated persons and expedite "environmental improvements to promote mainstreaming" for the elimination of all barriers.

1) Mainstreaming of persons with disabilities in JICA's projects

It is necessary for JICA to guarantee that persons with disabilities will be able to equally enjoy the benefits of projects through ensuring the perspective of persons with disabilities in the planning, implementation and evaluation stages of every project as well as projects for persons with disabilities. For example, what is required is to take measures for removing physical barriers and introducing universal designs when facilities/equipment are designed and constructed with JICA's assistance so that persons with disabilities will have better accessibility to the facilities/equipment.

JICA will also pursue the aim of enabling persons with disabilities both in Japan and in developing countries which are in the fields of assistance to participate equally in the JICA's projects as project implementers. In addition, it is essential to take specific measures to incorporate the viewpoint of persons with disabilities into every step of such project cycles as project formulation, exploration, survey, implementation, and evaluation.

2) Environmental development for enhancing mainstreaming

Some typical cases of the environmental improvements include implementation of training for workers, setting of professional classification for workers, a better understanding of assistance for persons with disabilities among JICA-affiliated persons through using the JICA Knowledge Site, increases in employment of persons with disabilities by JICA, and the strengthening of measures to make the JICA-related facilities barrier-free, and the introduction of universal designs.

3. Directions for JICA's cooperation

3-1 Priority measures to be taken up by JICA and points to be noted
(1) Priority areas in mainstreaming
The World Bank reports that approximately 20% of the poor are persons with disabilities in developing countries and that poverty and disability are intricately linked. Thus, "poverty reduction" is one of the priority areas. What is needed is to pay close attention to the fact that persons with disabilities and their families will be able to enjoy the benefits of JICA's project in the target area when cooperation is extended to community development, rural development, and livelihood improvement. Another priority area is "reconstruction and development assistance." To put it more specifically, there are a great number of persons with disabilities and people suffering from PTSD in countries after a prolonged civil war and in countries with numerous buried landmines. It is often the case that persons with disabilities, as well as other socially vulnerable groups, are left behind from the post-conflict reconstruction and development.

(2) Major target populations of empowerment
In order for persons with disabilities to enjoy the benefits of every development project in developing countries, it is important to foster groups of persons with disabilities and leaders. Likewise, special consideration should be given to the gender issue in that women with

disabilities are often faced with dual forms of discrimination, that is, social barriers and cultural barriers, as "women" and as "persons with disabilities."

(3) Major target population of mainstreaming
In order for persons with disabilities to participate in society and politics, it is essential to improve legislature and public administration and to raise the awareness of the disability issue in the central government. Furthermore, in developing countries there are many cases in which the private sector and NGOs play supplementary roles for administrative organizations. Hence, it will be of great significance to enhance people's understanding in the private sector and to raise people's awareness and understanding of the disability issue in the whole society in order to achieve the inclusion of persons with disabilities in all aspects of civil society and community life. To that end, such media as radio, television and newspapers will play an essential role.

3-2 Issues to be explored in the future
(1) Personnel recruitment
JICA needs to make efforts to have an accurate grip on human resources including professionals in the areas of rehabilitation and empowerment of persons with disabilities so as to meet the demand in the future.   It is also important to recruit and train human resource personnel as experts in international cooperation in the area of assistance for persons with disabilities by making full use of the personnel training systems such as junior expert training and individual expert training.

(2) Further promotion of mainstreaming persons with disabilities as project implementers
As the concept of "human security" has been increasingly espoused as a notion of development, JICA also emphasizes the quality of people's life in development in addition to economic growth. There is a rising consciousness of disability as a multi-sectoral issue just like the gender issue in the framework of development. In the future, a major challenge lies in facilitating the process of mainstreaming the disability issue in every project and laying the foundation to enable its mainstreaming.

(3) Expansion of training for JICA personnel
To expedite the process of mainstreaming disability in JICA, it has been providing training on disability issues to its personnel every year. However, the participants tend to be limited to those who are interested in the issue. In the future, JICA needs to explore new approaches to ensure that the awareness takes root among all relevant persons.

Chapter 1 Overview of support for persons with disabilities

1-1. Current situation of support for persons with disabilities

Goals of development assistance have been variously defined and debated by countries and institutions involved in development cooperation. However, there would be no question that objective of development cooperation is to create circumstances in which all people in the world universally enjoy peace and prosperity and are not threatened by poverty, destitution and conflict. Development assistance has a crucial role in creating such a world.

It is estimated by the United Nations that the amount of the population with some form of disability has reached 600 million people, two-thirds of which, i.e. 4 million people, live in developing countries. It is believed, however, that the number of people who have access to medical services and education is extremely limited. In developing countries, the social security system has not been well developed. As a result, persons with disabilities are not given the opportunity to receive satisfactory education and thus are faced with the difficulty to find jobs, thereby being trapped in the mire of poverty. Similarly, the poor are in the milieu in which they can become disabled more easily due to their vulnerability to diseases. A great number of persons with disabilities in developing countries live in absolute poverty. Hence, some argue that the UN

Millennium Development Goals (MDGs) will not be achieved without taking remedial measures to address the problem of persons with disabilities that account for roughly 20% of the poor (according to WB). Nonetheless, only low priority has been given to the issue of persons with disabilities in the national policy in developing countries. What this means is that they have been excluded from the benefits of "development" with little consideration. There are many challenges in assistance for persons with disabilities, in particular, for women with disabilities and persons with intellectual disabilities, due to deep-seated prejudices and discrimination against them. The area of assistance for persons with disabilities has been viewed only as part of social welfare. It cannot be claimed, therefore, that adequate measures have been taken to vigorously promote their participation by acknowledging that they are also the participants in areas other than the assistance for persons with disabilities.

Taking into consideration the U.N. millennium declaration adopted as the goals of the international community in the 21st century during the U.N. Millennium Summit in 2000, the Millennium Development Goals have been prepared as the common development framework for the international community. In these Millennium Development Goals, a time frame for achievement (by 2015) and concrete numerical targets have been set for important and urgent issues that are most in need of support of the international community to promote human development. The MDGs are now internationally accepted as action guidelines that the international community should adopt, and each donor country and aid agency have started reviewing aid approaches aimed at achieving the Millennium Development Goals. The eight objectives indicated in the Millennium Development Goals are targeting "human beings," such as the eradication of poverty and famine, achievement of universal primary education, promotion of gender equality, reduction of infantile mortality rate, health improvement of pregnant and parturient women, and each of these goals have been given numerical targets by population quotient. Achievement of the Millennium Development Goals would not be easy unless we positively take into account persons with disabilities, said to account for 5 – 10 percent of the population. It is highly important to implement cooperation projects when considering persons with disabilities in particular, who have difficulties to fully enjoy social benefits of development assistance.

1-2. Definition of support for persons with disabilities

In this guideline, assistance for persons with disabilities is defined as "empowerment and mainstreaming of persons with disabilities in order to achieve their 'full participation and equality'."

To attain the "full participation and equality" of persons with disabilities, they and their families need to develop the capability to "decide and choose (by themselves)" (empowerment) and it is also necessary to create a social milieu that is ready to accept such persons with disabilities and their families. The social milieu that encourages the participation of persons with disabilities can be created by eliminating "psychological barriers" through changing the traditional way of thinking about the person with disabilities in society, "physical barriers" that make access to buildings and other facilities difficult, "cultural and information barriers" that make access to information difficult, and "institutional barriers" that make the participation of persons with disabilities difficult.[1]

JICA needs to implement all of its projects, without limiting only to the projects for persons with disabilities and their supporters, in the way in which they will be able to equally participate in the projects. JICA should incorporate the viewpoint of persons with disabilities into all cooperation schemes, project cycles and sectors (i.e. mainstreaming) so that they are extensively and equally enjoy the benefits of the projects and training implemented by JICA.

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[1] The four forms of barriers surrounding the person with disability are based on the literature by Ishiwatari 2001.

(1) Empowerment

Although the word "empowerment" is widely used in the fields of gender equality and poverty reduction, its general definition is "the process of people, who are oppressed with psychological, social, economic or political factors and deprived of the power to exercise, gaining the power to regain their identify for self-realization,"[2] or "the process of increasing personal, interpersonal and political power so that one can take the necessary action to improve his/her situation."[3]

Based on these prevailing assumptions, the "empowerment in the field of welfare for persons with disabilities is defined as "not focusing attention on and helping the handicaps and the downside of the people who find themselves in a socially disadvantaged position," but focusing on and supporting their advantages, power and strength so that the service user realizes his/her ability and advantages and gains confidence and takes the initiative in satisfying his/her needs."[4]

However, "
 of persons with disabilities in development assistance" has not yet been clearly defined. In particular, the countries where JICA implements its projects are developing countries that greatly differ from advanced countries. To begin with, they lack funds and human resources, and there are deep-lying social prejudices in many countries. (See 2-1). Therefore, when the empowerment of persons with disabilities is pursued under such social circumstances, it is important to implement all projects in full consideration for the political, cultural, religious and social background of each country. This guideline follows the concept of empowerment adopted by the DAC[5] guiding principles on poverty reduction. The notion of empowerment in assistance for persons with disabilities is defined to mean a developmental process in which persons with disabilities, their families and communities will develop the five dimensions of capabilities (basic, social, economic, political, and risk management capabilities) as indicated by Table 1-1 while taking into account various circumstantial conditions.

Table 1-1 Definition of five capabilities in supporting empowerment of persons with disabilities

Capabilities	Definition
Basic capabilities	Capabilities to gain information necessary for education, rehabilitation, preventive vaccinations, health care and medical service and taking adequate nutrition and capabilities to freely move and act at one's will.
Socio-cultural capabilities	Capabilities to have dignity as human beings and to have one's social status recognized. Also capabilities to be a member of society contribute to its development and achieve the state in which the residents in the community where persons with disabilities live recognize the persons with disabilities to be the members of the community.
Economic capabilities	Capabilities to earn an income necessary for living and to spend this money as needed.
Political capabilities	Capabilities required for having the human rights of persons with disabilities recognized. Also capabilities to participate in political and policy-making processes that affect persons with disabilities and their families and to join in the decision-making.
Risk management capabilities	Capabilities to protect oneself from being vulnerable in times of food shortage, sickness, disaster, crime, war, conflict, etc.

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[2] Social Welfare Study Series, III: A Theory on Welfare for Disabled persons, 2002, p.35

[3] F. E. Peacock Publishers, 1998

[4] Social Welfare Counselor Training Course: A Theory on Welfare for Persons with disabilities, 2003, p.12

[5] Development Assistance Committee: This is a committee in the Overseas Economic Cooperation Development (OECD).

Although the subjects of the above empowerment are the persons with disabilities themselves and their families, paying attention to the governmental policies of each country, nurturing required personnel supporting rehabilitation, formulating policies related to education of children with disabilities and welfare for persons with disabilities and performing enlightenment activity are indispensable in supporting the processes of the empowerment mentioned above. These supports would boost the quality of life of persons with disabilities, expand the options they can choose, remove the numerous barriers that hamper their participation and make it possible to create a system which guarantees the empowerment of persons with disabilities and allows for their full participation in social activities. It is necessary to streamline the support system which contributes indirectly to the empowerment of persons with disabilities, if not to turning them into useful persons, as the "improvement of the condition and environment for empowerment." In short, there are two approaches, i.e., direct support to persons with disabilities, their families and organizations of persons with disabilities and indirect support for improving the conditions and the environment.

(2) Mainstreaming

The mainstreaming of assistance for persons with disabilities in JICA's projects means that the perspective of (the person with) disability is incorporated into every cooperation scheme, project cycle and sector, thereby aiming to achieve the goal that persons with disabilities will be able to participate in planning, implementation, monitoring and evaluation of the projects in all development issues.

For instance, concerning plans to be carried out in the fields of health care and medical care, education, regional development, recovery and development, and gender equality in farming communities, we, as benefactors and aid providers, should be aware of the existence of persons with disabilities, and by ensuring that they take part in project planning, implementation, monitoring and evaluation, we aim to have disabled persons' needs reflected in the development projects. At the same time, with respect to training courses, which are not only aimed at persons with disabilities but for others as well, we should improve and create the training conditions in which persons with disabilities find it easy to participate.

As described above, in order to promote mainstreaming in JICA projects, it is necessary to change the awareness of people related to JICA toward persons with disabilities (removal of barriers within the consciousness), make buildings barrier-free (removal of physically barriers), diversify the means of providing information (removal of barriers in the cultural and information areas), and review the mission systems concerning experts and support members with disabilities (removal of institutional barriers). These tasks should be sorted out as the "improvement of the conditions and the environment to realize mainstreaming," and as our tasks for mainstreaming, we will establish two approaches, namely: participation of persons with disabilities in project planning, implementation, monitoring and evaluation; environment improvement in JICA.[6]

1-3. Trends of international assistance

(1) U.N.-centered efforts

After the "Declaration on the Rights of Disabled Persons" (1975)[7], the United Nations designated 1981 as the "International Year of Disabled Persons" at its General Assembly in 1976. With this

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[6] See Figure 3 for the outline of our approaches.

[7] The Declaration was adopted on December 9, 1975, to protect the rights of all persons with disabilities. It first defined persons with disabilities, claiming the equality of persons with disabilities and advocating rehabilitation, job and economic security, rights to recreation and protection from discrimination and exploitation. In addition, December 9, the day when the declaration was issued, is designated as Disabled Persons' Day in Japan.

as a start, the support for persons with disabilities was regarded as one of the key issues in international society.

The theme of the "International Year of Disabled Persons" is "full participation and equality," and with this as an opportunity, active endeavors have been made in many countries in the world aimed at "equalization of opportunities" for persons with disabilities to participate in social life and societal development and making a living with persons without disabilities in an equitable way.

As the U.N. felt the necessity to keep grappling with the agenda related to the issues of persons with disabilities after the "International Year of Disabled Persons," it passed a resolution in December, 1982, to make the decade from 1983 through 1992 as the "United Nations Decade of Disabled Persons," declaring the "World Programme of Action Concerning Disabled Persons" as its guideline.   Based on the "World Programme of Action Concerning Disabled Persons," the "United Nations Decade of Disabled Persons" formulated action plans in each country with the object of the "prevention of disability," "rehabilitation" and the "full participation and equality" of persons with disabilities in social life and societal development and proposed to promote "equalization of opportunities" for persons with disabilities. As a result of each country carrying out various programs with this action plan as a guideline, increased awareness and knowledge of the problems of persons with disabilities, expansion of their roles and organizations, development of legal systems related to disability were markedly achieved.

Subsequently, in order to achieve the "full participation and equality" of persons with disabilities, it was expected that "the Convention on the Rights of Persons with Disabilities" that carried an equal binding force as domestic laws would be ratified just like "the Convention on the Rights of the Child (1989)" had been.   However, the UN General Assembly failed to bring about an agreement and adopted "the Standard Rules on the Equalization of Opportunities for Persons with Disabilities as new guidelines" in 1993. The Standard Rules spell out specific measures to realize the participation of persons with disabilities in social activities, the elimination of all forms of discrimination against persons with disabilities and the equalization of opportunities, based on which the international society has been promoting the equalization of opportunities. However, since the late 1990s, in response to rising voices that ask for again the necessity of a more powerful resolution on the rights of persons with disabilities, on December 13, 2006 the 61st United Nations General Assembly finally adopted "the Convention on the Rights of Persons with Disabilities". The Japanese government signed the Convention on September 28, 2007 and 20 countries ratified the Convention by April 3, 2008. It came into force on May 3, 2008. As of the end of January 2009, 137 countries signed the convention, and 44 countries ratified it.   In response to such a series of events, in recent years many international organizations including ESCAP, WB, the Asian Development Bank (ADB) and the International Labour Organization (ILO) take active measures to address the issue of persons with disabilities. The activities carried out by the Swedish International Development Cooperation Agency (Sida), the Danish International Development Assistance (DANIDA) and the Canadian International Development Agency (CIDA) as bilateral aid organizations draw particular attention.[8]

(2) Development within and between regions

Although the "United Nations Decade of Disabled Persons" have brought about progress in Asia by improving awareness of the problems for persons with disabilities, prevention of disability and rehabilitation, ESCAP, on finding the progress in ameliorating the situation of persons with disabilities varies widely in developing and least developed countries, passed the "Asian & Pacific Decade of Disabled Persons" in 1992, adopting the "Agenda for Action for the Asian and Pacific Decade of Disabled Persons"[9] comprising of twelve agenda for action. In order to realize the "full

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[8] See Appendix 2 as to detailed activities of each organization.
[9] The twelve-action agenda summarizes the following fields: (1) domestic coordination, (2) laws, (3) information, (4) enlightenment and publicity, (5) accessibility and communication, (6) education, (7) training and employment, (8) prevention of disability, (9) rehabilitation services, (10) welfare equipment, (11) self-help organization and (12)

participation and equality" of persons with disabilities in the ESCAP areas based on this resolution, each government was asked to formulate measures to promote the participation of persons with disabilities in economic and social development, expand support services to them, improve their situation and evaluate the follow-ups. Additionally, to make the decade better known, the International NGO convention was held in Okinawa in 1993, and as its resolution to push through the "Decade" by private organizations in the Asia-Pacific region, the Regional NGO Network for the Promotion of the Asian and Pacific Decade of Disabled Persons (RNN) was established in the same year. Meanwhile, given the present situation in which about 60 percent of persons with disabilities in the world are said to be living in the Asia-Pacific region, of which more than half are females, the gender issue has become one of the major issues in the "Asian & Pacific Decade of Disabled Persons."

In 2002 the ESCAP General Assembly endorsed the agenda consisting of eleven issues including the extension of "the Asian and Pacific Decade of Disabled Persons" from 2003 to 2012, promotion of realizing "the Convention on the Rights of Persons with Disabilities", and collaboration with "the African Decade of Disabled Persons." In October of the same year, the Biwako Millennium Framework for Action was adopted as a policy and action plan for persons with disabilities which the governments and stakeholders should address in each country and region in Asia and the Pacific. In order to promote this new Asian-Pacific "Decade", the Regional NGO Network (RNN) was replaced by a new organization called the Asia and Pacific Disability Forum (APDF) so as to develop the mission further. In September 2007 a High-level Intergovernmental Meeting on Midpoint Review of the Decade was held and the progress of the efforts was reported by each country as well as adopting "the Biwako Plus Five." "The Biwako Plus Five" supplements "the Biwako Millennium Framework" for Action as action guiding principles to enhance the implementation of the Framework from 2008 to 2012. It pursues "an inclusive, barrier-free and rights-based society for persons with disabilities in the Asian and Pacific region."

In other regions than Asia, the Organization of African Unity (the present African Unity – AU) declared that the period from 2000 to 2009 would be "the African Decade of Disabled Persons" in 1999. The governments of African nations adopted the resolution for the purposes of empowering persons with disabilities, improving disability conditions, and including persons with disabilities in their social, economic and political plans. [10] It was decided that it would be promoted in collaboration with the Asian region. In the Arab region as well, it was decided that the period from 2004 to 2013 would be "the Arab Decade of Disabled Persons." Thus, the region has been taking measures to improve the environment of persons with disabilities by setting the following twelve issues a priority; (1) legislature, (2) health, (3) education, (4) rehabilitation and employment, (5) physical accessibility, (6) children with disabilities, (7) women with disabilities, (8) problems of disability and older people, (9) mass-media and disability, (10) poverty and globalization, (11) sports and recreation, and (12) monitoring and implementation.

In the region of Central and South America, in April 2006 "the Decade of the Americas for the Rights and Dignity of Persons with Disabilities" was proclaimed by the Organization of American States. The Declaration embraces the ideas that the member countries should make sure to move towards creating an inclusive society and should give priority to persons with disabilities in development programs and poverty alleviation programs by 2016. Their main goals are to (1) eradicate attitudinal barriers towards persons with disabilities in society, (2) improve access to health care services on an equal basis, (3) secure an inclusive education, and technical and

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regional cooperation.
[10]. The major objective is to include the problem of (the person with) disability in the government's developmental strategy, i.e., mainstreaming the problem of (the person with) disability. There are nine specific issues; (1) poverty alleviation amongst disabled people and their families, (2) awareness-raising on disability, (3) peace-building and reducing other causes of disability, (4) strengthening of the African voice of disabled people, (5) putting disability on the social, economic and political agenda of African governments, (6) spearheading the implementation of the UN Standard Rules in the African region, (7) application of UN instruments on the Declaration on the Human Rights, (8) address the issues pertaining to children, youths and women with disabilities, (9) using the UN Standard Rules as a basis for policy and legislation to protect the interests of disabled people in Africa.

professional training, (4) ensure full inclusion in employment, (5) eliminate physical and communications barriers by promoting the use of universal designs, and (6) ensure the recognition of all civil and political rights so that disabled persons are able to enjoy the benefits of community.

Box1-1 Biwako Millennium Framework

Of the twelve action fields for achieving the goals that were addressed through the Asian & Pacific Decade of Disabled Persons, attention was paid on the fields where little progress was made such as education, and concrete goals and action plans for seven priority action fields were established. The seven action fields are: (1) self-help organizations of persons with disabilities and related family and parental, (2) women with disabilities, (3) early detection, early intervention and education, (4) training and employment, including self-employment, (5) access to built environments and public transport, (6) access to information and communications including information and communications and assistive technologies, (7) Poverty alleviation through capability-building, social security and sustainable livelihood programmes. To implement them smoothly, concrete strategies, such as the cooperation and coordination with governments at quasi-regional levels, strengthening of cooperation with NGOs, cooperation with the "Asia-Pacific Development Center on Disability" (APCD), network building, the monitoring and evaluation of progress, are incorporated.
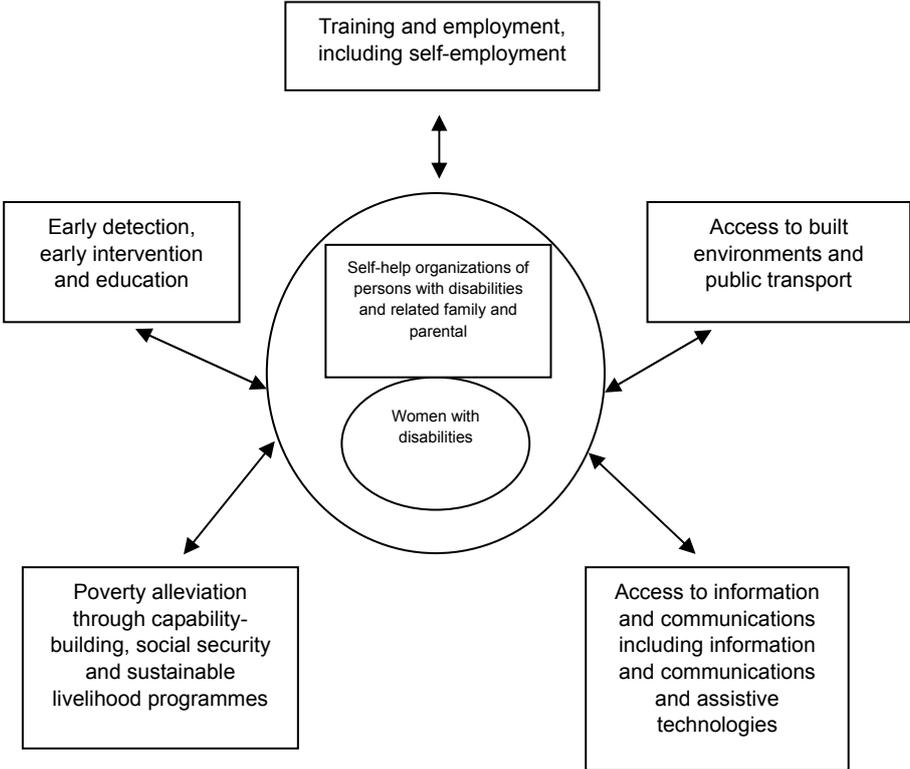
(Ref.: Social Welfare Counselor Training Series: "*shougaisha fukushiron*"(A Theory on Welfare for Persons with Disabilities, Chuo Hoki, 2003, the ESCAP New Asian & Pacific Decade of Disabled Persons (2003-2012) and its policy areas)

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(3) Efforts of NGOs

The achievement left by the "International Year of Disabled Persons" and the "United Nations Decade of Disabled Persons" in the support fields of persons with disabilities was large, and it can be said that they played crucial roles in organizing and galvanizing the private sector. Global disabled persons' organizations, such as "Disabled People's International" (DPI), "World Blind

Union" (WBU), "World Federation of the Deaf" (WFD) and "Inclusion International," are performing brisk activities with each organization having its member organizations. "Rehabilitation International" (RI), made up of professional organizations engaged in offering support for persons with disabilities, is the global organization for the support of persons with disabilities, providing rehabilitation service in various countries. Of late, these international NGOs, together with governments and international institutions, have been playing key roles in the support of persons with disabilities.

In 1999 "the International Disability Alliance (IDA)" was formed by the Disabled Peoples' International (DPI), the World Federation of the Deaf (WFD), the World Blind Union (WBU), Inclusion International (II), the World Federation of the Deafblind (WFDB) and the World Network of Users and Survivors of Psychiatry (WNUSP). Subsequently, Rehabilitation International (RI) and the International Federation of Hard of Hearing People (IFHHP) joined the Alliance and its membership is composed of these eight organizations. The Alliance is a loosely-knit network organization and develops the activities towards the enactment of the Convention on the Rights of Persons with Disabilities in the United Nations.[11]

In March, 2000, international NGOs for disability, like DPI, RI, WBU and WFD got together in Beijing and held the World NGO Summit on Disability. The summit, with the legislation of an international treaty to realize the "full participation and equality" for persons with disabilities as one of its objectives, adopted the "Beijing Declaration on the Rights of Persons with disabilities in the New Century." In October, 2002, as memorial forums for the final year of the "Asian & Pacific Decade of Disabled Persons," the DPI world meeting in Sapporo and the Osaka Forum in Osaka were held, taking a large step toward the "full participation and equality" for persons with disabilities.

Thus, we witness today concerted efforts made by the three parties, i.e. governments, international organizations and NGOs, activities from the international level to the regional level, and dynamic activities to realize the "equalization of opportunities" of persons with disabilities worldwide. One significant outcome was that the member states of the United Nations unanimously agreed on establishing an Ad Hoc Committee to discuss a potential international convention as to the rights of persons with disabilities proposed by Mexico, etc. in 2001. The law on the elimination of discrimination against persons with disabilities has been enacted in about 40 countries as of now.[12] The UN General Assembly adopted the Convention on the Rights of Persons with Disabilities on December 13, 2006, which came into force on May 3, 2008, towards the "full participation and equality" of persons with disabilities in the true sense of the term. This marked an epoch-making event in the history of persons with disabilities.

1-4. Trends of Japan's aid

(1) Transition of policies for persons with disabilities

Since the "International Year of the Disabled Persons" 1981 and the "United Nations Decade of Disabled Persons" that followed it, Japan's policy for persons with disabilities has shifted its importance to the strengthening of at-home policy and the promotion of social participation based on normalization and the idea of independence[13]. The government set up the promotion headquarters of the International Year of the Disabled Persons at the Prime Minister's Office in 1980, and in 1982, set up the "Long-term Programme for Government for Measures for Disabled Persons." This Long-term Programme laid down the direction and goals of the measures for persons with disabilities for the period of ten years with respect to heath care and medical care, education and training, employment and job placement, welfare and living environment.

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[11] See Appendix 2 as regards the detailed activities of each organization.
[12] Japan is one of the countries that have not yet stipulated the law.
[13] For detail, see the column box.

In 1993 the Government Headquarters for Promoting the Welfare of Disabled Persons (reorganized in 1982 from the promotion headquarters of the International Year of the Disabled Persons), formulated the "New Long-term Programme for Government for Measures for Disabled Persons—toward a society with full participation" (hereinafter referred to as the "New Long-term Programme"). In the same year, the "Disabled Persons Fundamental Law" (a revision of the Fundamental Law For Countermeasures for Mentally and Physically Disabled Persons) was enacted, expanding the target scope of disability to "physical disability, mental deficiency[14] or mental disability" and stipulating disabled persons' day and the formulation of the New Fundamental Programme for Disabled Persons.

The government has also pushed for the "Government Action Plan for Persons with Disabilities — A Seven-Year Normalization Strategy" as the execution plan for priority measures aimed at giving shape to the "New Long-term Programme" (fiscal 1996 – 2002). Its special features are (1) to promote cooperation in the measures for persons with disabilities by incorporating concrete targets, such as numerical goals, and (2) push them forward effectively with the cooperation and coordination of the related government ministries and agencies by integrating them comprehensively and cross-sectionally in a wide area of the measures, not just restricted to the health and welfare area.

Fiscal 2002 marked the final year for the New Long-term Programme and its execution plan for priority measures, "Government Action Plan for Persons with Disabilities," and the "New Fundamental Programme for Disabled Persons," a 10-year plan from fiscal 2003, and the "Programme for Government Measures for Disabled Persons" (new government action plan for persons with disabilities), a 5-year plan from fiscal 2003 were laid down. The "New Fundamental Programme for Disabled Persons," which takes over the ideas of "rehabilitation" and "normalization" in the "New Long-term Programme," stipulates the basic direction of the measures for persons with disabilities that have to be implemented within ten years to fiscal 2012 in order to push ahead the measures aimed at the participation in society and planning by persons with disabilities. The basic policy of the measures, targeted at creating a convivial society in which persons with disabilities can participate in every activity with self-selection and self-determination as equal members of society, calls for the four basic policies: (1) a barrier-free society, (2) development of measures taking the characteristics of disability into account, (3) user-centered support, (4) comprehensive and effective implementation of the measures. It additionally cites as agenda to be focused on: (1) improvement of capacity to act and participate, (2) improvement of infrastructure for action and participation, (3) comprehensive approaches to measures for persons with metal disabilities and (4) strengthening intraregional cooperation in Asia and Pacific. The new government action plan for persons with disabilities focuses on care management to realize the "user-centered" concept and establish the livelihood support system in the area.

In Japan the Law for "Supporting Independence of Persons with Disabilities" was enacted in fiscal 2005 and put into force in 2006. The Law changed the system of welfare services: from the system under which services had been provided based on the types of disability, i.e., physical, intellectual and mental disability, to a new system in which the services would be provided under the central control of the municipal government. It also amended the system of payment by users (from an ability-based charging system to a benefit-based charging system in which the service user pays 10% of the costs of the services that he/she has received).

Multiple ministries/agencies are involved in various measures for persons with disabilities at the state's level. For instance, the National Police Agency is in charge of installing traffic lights for the blind. The Ministry of Finances is in charge of taking measures for tax reduction or exemption for persons with disabilities as to national taxes such as income tax in addition to its responsibilities in allocating budgets to each ministry/agency. The Ministry of Health, Labour and Welfare assumes a wide range of responsibilities in terms of prevention, medical care services, welfare, employment and income guarantee involving a number of laws. The Ministry of Land,

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[14] With the enactment of the "Law for Amending Part of the Relevant Laws to Streamline the Terms of Mental Deficiency (1998)," the word "persons with intellectual disabilities" has been used. We used "mental deficiency" in this report only for historical descriptions.

Infrastructure, Transport and Tourism promotes the elimination of physical barriers by enforcing the New Barrier-Free Law and promulgating the Barrier-free Transportation Law. The Ministry of Internal Affairs and Communications takes various measures to address the issue to eliminate barriers from the aspects of systems and information such as reviewing the disqualification provisions in the laws concerning persons with disabilities and building an information network for persons with disabilities. The Ministry of Foreign Affairs is responsible for providing technical cooperation for the rehabilitation of persons with disabilities.

(2) Development of organizations of persons with disabilities

The types of measures and service concerning the support for persons with disabilities in Japan include a multitude of types developed by the various groups of persons with disabilities themselves and their organizations, in addition to those by administrative institutions such as national and local governments and various experts.

As national organizations of persons with disabilities, the Japanese Federation of the Deaf established in 1947 and the Japan Federation of the Blind in 1948 are the first of them followed by the National Federation of Organization for the Disabled Persons as a governing body of the organizations of persons with physical disabilities. These organizations of persons with disabilities that were established based on their location or differing thoughts, have been functioning independently.

The International Year of Disabled Persons in 1981 left a large impact on the movement of persons with disabilities. Although there had been moves to facilitate coordination among the organizations from the late 1960s, with the establishments of the Liaison Association for Establishing Income Security in 1980 followed by the Liaison Association for Establishing Independent Living for the Disabled Persons" in 1984, the organizations of persons with disabilities have been pushing through active social movements, addressing the issues of independence, income security of persons with disabilities and the rehabilitation of persons with intellectual disorders into society. In some cases, these movements were carried out in cooperation with persons with disabilities overseas and their organizations.

In 1980, a year before the International Year of Disabled Persons, the "Japan Council for the Promotion of the International Year of Disabled Persons" (presently the Japan Council on Disability (JD)) was formed. The fact that nearly 100 various organizations of persons with disabilities and support organizations across Japan, irrespective of the forms of disability, participated in the JD can be described as the epoch-making event in the field of disabilities among the private-sector movements in Japan.

What is important to the activity of persons with disabilities and their organizations is that in addition to appealing their issues, they should provide their partners with the same disabilities with necessary information and services. National and prefectural-level organizations, in addition to the movement to appeal, are offering various services of consultancy, information and welfare in their own, or commissioned by national or prefectural governments. They also undertake the roles of counselors as required by the national system for persons with physical disabilities or intellectual disorders, implementing the varied projects of consultancy and peer counseling. For persons with disabilities, the peer counseling project[15], which provides counseling service by

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[15] The word "peer" means a partner or an equivalent, and offering counseling through the shared experiences in this context. A counseling method for living a positive life with confidence by self-admitting the fact the person seeking advice has lived with disabilities (reception). Instead of criticisms and advices, it employs a co-counseling method in which the consultant is by the person seeking advice and stimulates him/her to relieve his/her feelings so that he/she evaluates himself/herself positively. Its aim is to offer psychological support and concrete information in order for the advice-seeker to blend into independent living, instead of living under the protection of a parent or in the institution called the place of management, by creating a positive image of oneself through counseling. Peer counseling is to nurture self-reform that enables persons with disabilities to live an independent

persons with similar disabilities, is of practical use and has a large psychological effect on them, and offers a variety of services.

As a result of the movement by persons with disabilities, the "Disabled Persons Fundamental Law," revised in 1993, stipulates in its articles the participation by persons with disabilities in reviewing measures and formulating plans. As symbolized in the above, the activity by persons with disabilities in our country has been shifting their roles from the levels of request and demand or by raising questions in the past to those of proposing solutions.

(3) Trends of support

Externally, the "New Long-term Programme" clearly prescribes that Japan will engage in international cooperation suitable to its international standing, and we have been making the most of the technologies and experiences accumulated in diverse fields, such as welfare, health care and medical care, education, employment and etc., for the support of the measures for persons with disabilities in developing countries through ODA and NGOs. In addition to direct aid to target countries, Japan is offering cooperation through international institutions, including the U.N., for example, donations to the U.N. Voluntary Fund on Disability [16] and the related projects of ESCAP's "Asian & Pacific Decade of Disabled Persons" and international conferences and sports events as places for the interaction of persons with disabilities in the world and for the exchange of information.

The "Initiative for a Caring World" advocated by the Japanese government at the 1996 Lyon Summit was intended to solve the problems of each country concerning the social security policies of both developed and developing countries by sharing the knowledge and experiences of each country, and based on this concept, our country has been pushing through many projects in cooperation with the relevant ministries and agencies.

With respect to the "Asian & Pacific Decade of Disabled Persons," at ESCAP's 57th Session in April, 2001, the representative of our country, an advocating country for the "Decade," expressed the invitation to Japan of a high-level inter-governmental meeting in the final year of the "Decade" and it was decided to hold the meeting in Shiga Prefecture. At ESCAP's 58th Session in May of 2002, with Japan as a leading advocate, a resolution calling for an extension of the present "Decade" by another 10 years was adopted (co-sponsored by 29 countries).   In the commemorative projects for the final year of the "Asian & Pacific Decade of Disabled Persons," the "Federation of Diet Members Promoting International Conference for Disabled Persons" comprising about 200 bipartisan Diet members was formed to make the Sapporo DPI World Assembly and Osaka Forum[17], two related international conferences, a success.

Following the decision at the ESCAP Session on the extension of the "Asian & Pacific Decade of Disabled Persons" for another 10 years, it was decided that the New Long-term Programme and the Government Action Plan for Persons with Disabilities should continue to be in force

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life and the power to change society from the aspects of persons with disabilities.

[16] The U.N. Voluntary Fund on Disability was established in 1977 for the purpose of providing financial aid for projects related to disability measures in developing countries and it is used for diverse support projects for persons with disabilities in various countries in the world. In order to meet the objectives of the World Programme of Action Concerning Disabled Persons, which includes the prevention of disability and effective rehabilitation, Japan contributed a total US$5.31 million up to 1999 in response to the requests of developing countries and organizations of persons with disabilities.

[17] With the three international NGOs, DPI, RI. RNN, playing the central roles, the commemorative events of the final year of the "Asian & Pacific Decade of Disabled Persons" were held in Sapporo and Osaka   At the DPI World Assembly in Sapporo, "Sapporo Declaration" was adopted. At the Osaka Forum, there were four meetings—the 12th Rehabilitation Internal Asia and Pacific Regional Conference, the Regional NGO Network for the Promotion of the Asian and Pacific Decade of Disabled Persons (RNN), the 25th National Rehabilitation Conference and the International Research Meeting on Vocation Rehabilitation—and adopted the "Osaka Declaration Concerning Partnership for Disability Rights."

accordingly, and the "New Fundamental Programme for Disabled Persons" and the "Five-year Execution Plan for Priority Measures" (new government action plan for persons with disabilities) were laid down with fiscal 2003 as the start year. As one of the issues to be grappled with in these plans, intraregional cooperation in the Asia-Pacific region was cited. In showing the basic direction for international cooperation, they clarified the importance of cooperation in line with the partner country, noting "with regard to international cooperation, it is important to respect the culture of the aid-receiving country and respond flexibly to its needs, along with having a good grasp of the true state and needs of the partner country."

Chapter 2 Approaches to support persons with disabilities

2-1. Purposes for support of persons with disabilities

The purpose of JICA in giving support for persons with disabilities is to help realize the full participation and equality of the persons with disabilities in developing countries where JICA carries out its projects. In other words, JICA should help to ensure that persons with disabilities are able to fully participate in social life and development and gain all opportunities equal to those of persons without disabilities.

The New JICA that made a fresh start in October 2008 embraces a new vision "Inclusive and Dynamic Development" and aims for development that encourages all people, beyond ethnicity, religion, gender, and disability, recognize the development issues they themselves face, participate in the problem solving process, and enjoy the fruits of such endeavors. In order for JICA to bolster such activities initiated by people based on self-awareness, JICA aims to enhance the projects' impact by strategically implementing and expanding them as a program when assistance projects for persons with disabilities are implemented, increase the opportunities for persons with disabilities, both from Japan and from developing countries, to participate in the planning, implementation and evaluation of the projects, and implementing cooperation projects, even if they may not directly target persons with disabilities, in consideration for the needs of people including persons with disabilities, thereby contributing to achieving effectively and efficiently the "full participation and equality" of persons with disabilities in developing countries.

2-2. Effective approach to assistance for persons with disabilities

To achieve the objective of "full participation and equality" of persons with disabilities it is essential to use a twin-track approach which consists of the two elements, (1) empowerment of persons with disabilities, their families, and their groups and (2) mainstreaming of assistance for persons with disabilities in every project implemented by JICA. These two elements cannot be distinctly separated because they function in a mutually supplementary manner and share many overlapping features.

(1) Empowerment of persons with disabilities

We noted in Chapter 1 that JICA's definition of the empowerment of persons with disabilities means the process in which persons with disabilities, their families and communities develop in line with the circumstances the five capabilities (basic capabilities, socio-cultural capabilities, economic capabilities, political capabilities and risk management capabilities), which are also employed in the area of poverty reduction. With respect to empowerment-style support projects, it is necessary to divide them into those related to "direct support" and those related to "indirect support" and review the support programs for each category of support. As to the target levels, the support systems divided into three levels of "persons with disabilities, their families[18] and the organizations of persons with disabilities," "local governments and citizens' organizations" and the "national level" can be possible, and could contribute to developing the five capabilities by cooperating at each of the three levels.

Figure 2-1 summarizes in a chart what "direct support" for persons with disabilities or support for the "improvement of the conditions and environment" is available at each level of "persons with disabilities themselves, their families and the organizations of persons with disabilities," "local governments and citizens' organizations" and the "national level." For Each item in the chart, detailed support menus will be given in section 3-3.

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[18] In case of persons with intellectual disabilities, their families are included.

Figure 2-1 Empowerment support examples for persons with disabilities—five capabilities and target support levels

| Persons with disabilities, their families and organizations of persons with disabilities	Local governments and citizens' organizations	National level
Related to direct support <Persons with disabilities> Social skill training Independent life training Vocational training Self-employment skill development (management, financing, accounting, taxes) Information service on available financial systems Support for rights protection activity Providing peer counseling <Persons with disabilities and their families> Information service on rehabilitation, health care and medical facilities Support activity for access to information on politics and policies Guidance on emergency response methods Support for CBR implementation and management Enhancing knowledge on disabilities <Families> Guidance on care techniques Enlightenment activity Provision of daily-life support methods Counseling and advice <Parents and organizations of persons with disabilities> Strengthening organizing power of groups Guidance on organizational operation Leadership skills training Strengthening enlightenment methods Strengthening fund-raising methods Administrative skills enhancement training Others	Related to direct service <Local governments and citizens' organizations> Support for CBR implementation Others	Related to direct support Support for CBR implementation
Related to improvement of conditions and environment <Persons with disabilities> Information processing technology ADL training Support for entering school and study <Persons with disabilities and their families> Anti-illiteracy education Promotional activity for participation in social activity, leisure and sports Guidance on nutrition Support for improvement of reproductive health systems <Families> Sanitary education Others	Related to improvement of conditions and environment <Local governments and citizens' organizations> Training of people engaged in CBR Improvement of equipment, materials and facilities Training of related staff for early detection, treatment and education Enrollment of children with disabilities by regular schools Enlightening activity of community Holding social activity events such as leisure and sports Support for launching mutual-assistance organizations Support for new businesses by persons with disabilities Others	Related to improvement of conditions and environment Prevention of and research on cures for physical and intellectual disabilities, psychiatric and neurological disorders Support for improvement of measures for health and health care Training professionals in related occupations and building training institutions Development and spread of welfare equipment and technology Establishing training methods of related staff for early detection, treatment and education Improvement of the measures for human rights protection, employment and welfare for persons with disabilities Formulating measures and systems for education of disabled children, including inclusive education Training teachers for education of disabled children Creation of teaching materials for education of disabled children Improvement of statistics related to disability Training of ICT technicians Enlightenment and publicity Collection and provision of information Barrier-free public buildings and transportation (universal design) Support for improvement of safety measures and emergency medical services Others

Empowerment

Basic capabilities

Economic capabilities

Risk management capabilities

Socio-cultural capabilities

Political capabilities
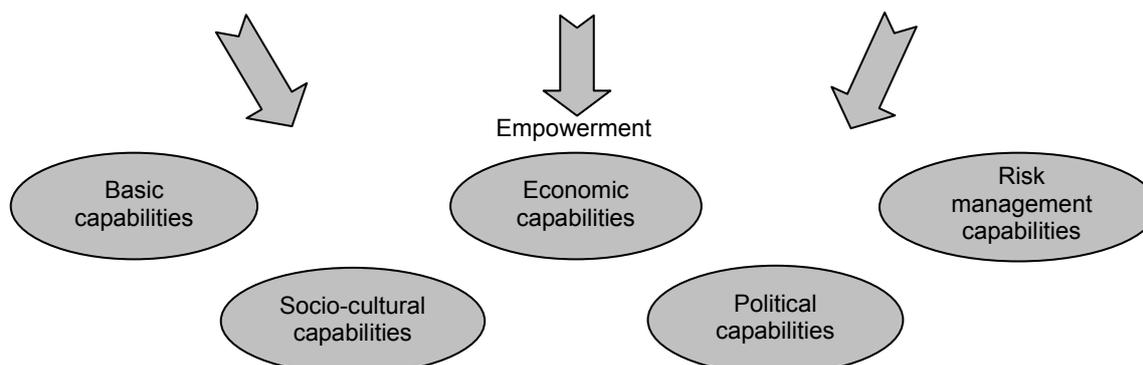
1) Direct support for empowerment of persons with disabilities

As shown in Figure 2-2, when giving direct support, it is necessary to carry it out by coordinating with the existing services and their providers in the local community and applying the concept[19] of "rehabilitation in the community." With the direct support given by JICA, it is difficult to carry out projects that directly benefit each and every disabled person though, training concerned with the skill development of persons with disabilities, grass-roots exchanges and information exchanges, cooperation in technology transfers and bolstering the partnership between disabled persons' organizations in Japan and those overseas can be conceivable.

Figure 2-2 Scope and organization of rehabilitation in community
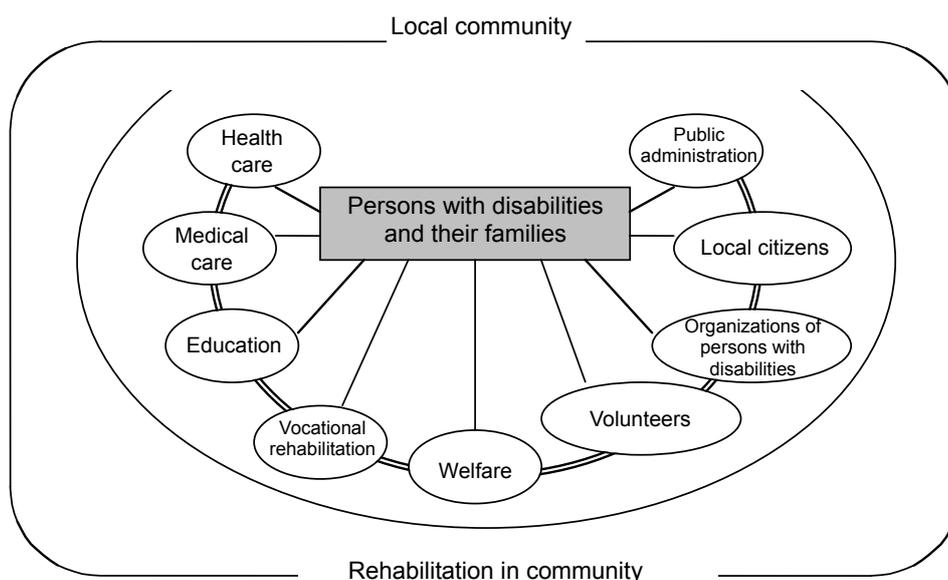
(Quoted from Satoshi Ueda, Illustrated Rehabilitation Medicine, 1991, p.7)

In addition, the support that could be put in operation at the local government or community level includes CBR programs[20], creating and operating organizations of persons with disabilities, leadership skills training related to the organizational operation, enlightenment of disability issues and implementation guidance on fund raising. In this case, it is important to make sure that each organization is empowered, for instance, by promoting exchanges with the organizations of persons with disabilities already in action in other communities.

Volunteers, such as Japan Overseas Cooperation Volunteers, could be engaged in grass-roots level activities, and apart from the role of providing functional capacity rehabilitation for persons with disabilities, the types of jobs such as social workers to promote youth activity and village development, nutritionists, midwives, nurses and computer technicians could be considered. With respect to Japan Overseas Cooperation volunteers in areas of support that can be provided on the site and related to welfare, there are at the moment seven job types—care givers, physical therapists, occupational therapists, speech therapists, orthotists, practitioners of acupuncture, moxibustion and massage and social workers—, and they need to be increased in the future. Regarding village development, social workers for village development to carry out CBR activity

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[19] "Rehabilitation in the community refers to all activities conducted from the viewpoint of rehabilitation by all people involved with medical services, health care, welfare and living in order for persons with disabilities or senior citizens to lead a lively life throughout their lives in the place where they have long lived along with people there." (Satoshi Ueda, Illustrated Rehabilitation Medicine, 1991, p7)

[20] For details, refer to Appendix 2.

for children and adults with disabilities, sports instructors for the recreation and sports in the CBR programs and nurses are now more than ever required.

Although it is not the JICA project per se, strengthening the network of trainees who returned to their countries or preparing their mailing lists, for example, it can be the programs that could be considered in the framework of direct support. People who received JICA's training and returned to their countries are making a great contribution to not only themselves, but also to the empowerment of persons with disabilities around them and organizations of persons with disabilities. Offering a place for sharing information among returnee trainers is an important approach.

<Examples of cooperation>

Type	Target country	Name	Fiscal Year
Project	Thailand	Asia-Pacific Development Center on Disability	02-07
Community Empowerment Programme	Cambodia	Model Health and Social Service Centers	98-01
Community Empowerment Programme	Thailand	Community Based Rehabilitation for young handicapped	98-99
Community Empowerment Programme	Thailand	Training Program on Independent Living of Persons with Disabilities	01-05
JOCV	Jordan	Carpentry	
JOCV	Bolivia	Nursing and youth activities	

2) Improvement of conditions and environment for empowerment

In carrying out the improvement of the conditions and environment for empowerment, it is important to review what conditions and environment could be improved in line with the basic concepts, like the establishment of self-direction of persons with disabilities and self-reliance and after grasping the situation of empowerment of persons with disabilities and their families and the problems they have.

It is desirable that in reviewing programs, they should not be limited to the types and areas described above and that the various programs should be examined with a flexible approach while assessing the needs.

(1) Education

As the UNESCO advocates "Education for All" (EFA) under the "U.N. Literacy Decade" (2003-2012), education is for all people and the rights of all children irrespective with or without disabilities. With respect to children with disabilities, it is necessary to secure and improve the place for education or nurturing to enhance their potentials to the maximum and enable them to keep themselves empowered in the future. We should make the efforts to enhance their potentials to the maximum and make them capable of "self-selection" and "self-decision" as the chief purposes of education, and provide appropriate education in accordance with the kind and degree of disability, ability and aptitude of each disabled child.

In many developing countries, access to primary education is limited, and in communities where it is spread to some extent, much of the education for children with disabilities is given in the form

of special education[21] offered at schools where disabled children are separated.

In view of these circumstances, technical cooperation in this area should focus on the access to primary education. With respect to the form of education, as special education is prevalent for disabled children as noted before and there is a need to mitigate social prejudice, it is desirable that we push through the programs by incorporating as much as possible the concepts or approaches of inclusiveness and integration [22] into education with the understanding of "Education for All" (EFA).[23]

Technological cooperation in these areas include: (1) support for improvement of education and care and education facilities (educational system, budgetary measures, teachers' qualification systems, facilities and teacher assignment, research activities, etc.), (2) creation of centers for school and resources, such as curriculums, teaching material development, education methods, education management, forms of education (circular teaching, visiting education, in-service classes, cross-grade teaching, distance education, etc), education methods (pupil-centered education, group study, team teaching (TT), peer teaching, teacher's aides, helpers) and (3) turning out professionals (administrators, specialist teachers, teachers, etc.). As the need arises, (4) construction of facilities and improvement of equipment, including child welfare facilities and workshops, could be reviewed. And (5) the promotion of anti-illiteracy education is also vital

<Examples of cooperation>

Type	Target country/ Method	Name	Fiscal Year
Technical Training Programme	Groups	Welfare for intellectual disability	80-
Technical Training Programme	By country (Thailand)	Education for persons with disabilities	98
Technical Training Programme	By country (Malaysia)	Technical training of music therapy for persons with disabilities	98
Dispatch of specialists	Sri Lanka	Education for Deaf person	80, 82, 83
Dispatch of specialists	Sri Lanka	Education for Visual Impairment	87
Dispatch of specialists	Mexico	Special Education (Autism)	88
Dispatch of specialists	Philippines	Training of Social Education for Persons with Disabilities	89
Dispatch of specialists	Mexico	Special Education	89, 90
Dispatch of specialists	Sri Lanka	Video Film Production	93
Dispatch of specialists	Uruguay	Education Method for Autistic Children	93, 94, 95, 99, 00, 01, 02
Dispatch of specialists	Sri Lanka	Educational Audiology	96
Dispatch of specialists	Uruguay	Daily Life Therapy for Autistic Children (Music)	96, 98
Dispatch of	Uruguay	Daily Life Therapy for Autistic Children	96, 97

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[21] Separate education for children with disabilities.

[22] For each definition, refer to Appendix 7.

[23] However, it should be noted that there is a special way of communication depending on the kind of disability, or hearing impairment, for instance.

specialists		(General)	
Dispatch of specialists	Thailand	Special Education	98
Dispatch of specialists	Saudi Arabia	Visually Impaired Student	99
Dispatch of specialists	Saudi Arabia	Computer Education for Disabled	00
Dispatch of specialists	Saudi Arabia	Development of Special Education Curriculum	00
Dispatch of specialists	Saudi Arabia	Rehabilitation Education for Disabled	00
Dispatch of specialists	Honduras	Transfers of Knowledge and Training Methods to Help Children with Autism Achieve Independent Living	01-02
Dispatch of experts	Afghanistan	Education for children with disabilities	2002
Dispatch of experts	Afghanistan	Advisor for teachers' training (special education)	2003

(2) Training and employment

What is viewed as important for social participation by persons with disabilities is the assurance and improvement of opportunities of employment and job selection.

In developing countries, there is a scarcity of opportunities for job selection before securing employment opportunities for persons with disabilities, and training opportunities or related facilities to encourage occupational independence of persons with disabilities are inadequate, putting persons with severe disabilities with intellectual and mental disabilities or multiple disabilities in a dire situation with respect to their employment. In vocational training, training for leading-edge technology—electronics field, for instance—, in particular, is scarce, or the knowledge and technology of trainers are not up to the date, often using the technologies they mastered many years ago and the same training are given repeatedly, or the contents of training are not given in line with the actual situations of the communities where persons with disabilities reside.

Taking these circumstances into view, we consider that technological cooperation in these areas should comprise: (1) support for improvement of vocational and employment measures for persons with disabilities (employment measures, unemployment insurance, building facilities (workshops, third sector), placement, information service, coordination with related institutions), (2) support for various research projects on the development of employment for persons with disabilities and an analyses on the labor market, (3) support for new businesses, (4) training or reeducation of vocational rehabilitation specialists (vocation training trainers, vocational counselors, administrators. As the needs arise, (5) construction of vocational training facilities and improvement of related equipment can be reviewed.

As the area of training and employment is closely linked to other areas of the improvement of the conditions and environment (examples: welfare measures for social insurance and various services), education (example: anti-illiteracy education), life environment (example: access to workplace), we believe it is effective that a cooperation policy of integrating CBR projects with the areas of health care and medical services is reviewed.

In cooperating for vocation training, it is necessary that in order to have the needs of persons with disabilities mirrored in training programs, we create a system in which persons with disabilities take part in the decision-making and the operation of projects and, to address the needs of the industry and trainees themselves, to strengthen the development system of training programs,

including a periodical review of training menus and skills development of officials concerned. It is also important to establish a follow-up system in which information on new job skills or employment is provided to those who completed the courses, or an alumni association for graduates is formed, enabling them to support each other spiritually. Additionally, we need to push ahead the coordination with other facilities, including NGOs to maximize synergistic effects through the promotion of mutual exchanges among trainees, information and technology exchanges and the joint use of facilities.

<Examples of cooperation>

Type	Target country/ Method	Name	Fiscal Year
Technical Training Programme	Groups	Rehabilitation of PWD	83-
Dispatch of specialists	Indonesia	Vocational Rehabilitation	87
Dispatch of specialists	Indonesia	Employment Promotion of the Disabled	90
Dispatch of specialists	Indonesia	Promotion & Extension of Job Opportunity	91
Dispatch of specialists	Indonesia	Vocational Training for the Disabled	91
Dispatch of specialists	Indonesia	Rehabilitation of the Disabled	88, 93
Dispatch of specialists	Panama	Vocational Rehabilitation	93
Dispatch of specialists	Indonesia	Vocational Rehabilitation Policy	95, 98, 00, 01, 02
Dispatch of specialists	Thailand	Industrial Rehabilitation	00, 01, 02
Dispatch of specialists	Thailand	Vocational Rehabilitation for the Disabled	98, 00
Project	Indonesia	Development of a Vocational Rehabilitation System in the National Rehabilitation Center for Physically Disabled People	97-02
Partnership Programme	Laos	Foundation of a Job Training Center for Disabled Persons	01-02
Project	Rwanda	The Skills Training for the Reintegration of Demobilised Soldiers with Disabilities	05-08

(3) Welfare

a. Administrative services

The overall welfare policy for persons with disabilities needs to be vastly improved in regards to addressing their basic living needs in social life and enhancing the quality of their lives. From the viewpoint of carrying out measures based on persons with disabilities, it needs to improve the necessary measures that provide care or take special steps in response to the needs of each disabled person, or encourage their independence and social participation.

The technical cooperation to be introduced into this area should comprise (1) support for

improving laws and measures (antidiscrimination laws, welfare-related laws, welfare policies, measures that include medical services, education, employment, CBR and support for independent life, the training system of people engaged in welfare, and various statistics), and (2) specialists (care workers, social workers, social welfare counselors).

<Examples of cooperation>

Type	Target country/ Method	Name	Fiscal Year
Technical Training Programme	Groups	Intellectual Disability	80-
Technical Training Programme	Thailand	Supporting Policies for Handicapped People	98
Technical Training Programme	Cambodia	Social Welfare Administration	00-
Dispatch of specialists	Malaysia	Development of Social Welfare	98
Dispatch of specialists	Cambodia	Advisor on Social Welfare	99, 00, 01, 02
Dispatch of specialists	Philippines	Policy Formulation and Resource Generation Strategies	01
Volunteers	Multiple	Nursing of disabled people 409 Social workers 80 * numbers of people dispatched from April 1976 – June 2006)	

b. Development, improvement and propagation of welfare equipment (welfare equipment and shared equipment)

The welfare equipment is beneficial, in addition to helping increase the degree of social participation of persons with disabilities, in reducing the workload of care givers, and as a result of this we need to continue to work on its research and development. Its research and development needs to be carried out in view of enhancing the quality of life of persons with disabilities while responding to the needs of persons with disabilities as well as care givers.

The development, improvement and propagation of welfare equipment in developing countries have been handled mainly by the public sector, instead of the private companies on a commercial basis as in the past. As the participation by NGOs is expected to increase, the targets of technical cooperation in this area should be considered with a broad perspective.

As concrete measures we can site (1) support for improving measures (subsidy systems, preferential law and tax systems, developing systems of commission to private companies), (2) information and education activities (information service and display activities), (3) specialists (orthotists, prosthetic development technicians, welfare equipment counselors).

<Examples of cooperation>

Type	Target country	Name	Fiscal Year
Technical Training Programme	Groups	Prosthesis and Orthotic Technicians	81-
Dispatch of specialists	Thailand	Prosthesis and Orthotics	92

Dispatch of specialists	Thailand	Prosthesis and Orthotics	95
Dispatch of specialists	Thailand	Authoring for Trainers	01
Dispatch of specialists	Laos	Wheelchair Production Project at National Rehabilitation Center	00-03
Grassroots partner-type	Malaysia	Transfer of wheelchair manufacturing technology in East and South Asia and lectures on the dissemination of wheelchair sports	2004-07
Grassroots partner-type	Laos	Assistance for spreading wheelchairs for persons with disabilities	2004-07
Volunteers	Multiple	Prosthetic and Orthotics * Total 12 people dispatched during April 1976 – June 2006	

c. Information and communication

Persons with disabilities, especially persons with hearing or visual impairments, have major barriers in securing information and communication because of their disabilities. Not only information exchange, but also e-mails, sign language, Braille, reading service, etc. as a means of communication, are indispensable, and securing accurate and adequate information and communication for persons with disabilities will enhance their abilities and is indispensable to advance their independence and social participation.

Additionally, as information and telecommunication are impacting every phase of our daily lives from communication to employment and to education, and it is desirable that our support for information is carried out in organic collaboration with varied technological cooperation areas aimed at the improvement of the environment and conditions for empowerment.

The technological cooperation in this field may include (1) improving laws and measures, (2) building an information network for persons with disabilities that collects and offers various information useful to them and transmitting information (issuance of newsletters and opening Websites), (3) developing standard sign language in the country concerned and the propagation of international sign language, (4) training specialists (sign-language interpreters and Braille translators), (5) diversifying course materials (Braille, recording, and production of materials using ICT,) (6) technical guidance on computer technology to accelerate access to information and (7) cooperation for research, development and dissemination of information processing and information and telecommunication equipment.

<Examples of cooperation>

Type	Target country/ Method	Name	Fiscal Year
Dispatch of specialists	Sri Lanka	Video Film Production	93
Dispatch of specialists	Thailand	Authoring for Trainers	01
Project	Thailand	Asia-Pacific Development Center on Disability	02-07
Project	Thailand	Asia-Pacific Development Center on Disability Phase 2	07-12
Community Empowerment Programme	Thailand	Information Network for People with Disabilities	99-01

(4) Health care and medical care

a. Prevention of disability factors and early detection and research

As a basic approach to the efforts of medical research for disability, the investigation into the cause of disability itself and prevention of its occurrence along with early detection and early treatments and by making most of its findings are of the utmost importance.

For technical cooperation in this field, we should include (1) research on prevention and treatment for mental and physical disorders and psychoneuroses, (2) support of the measures for health and health care (health education, medical check-ups, health care and hygiene, maternal and child health care, immunization programs), (3) support of the safety measures (disaster prevention at school, in transportation and the workplace and the improvement of emergency medical services, (4) support of the measures for reproductive health systems and (5) training of specialists (doctors, nutritionists, hygienists and paramedics).

<Examples of cooperation>

Type	Target country	Name	Fiscal Year
Dispatch of Experts	Uganda	EPI Virology	00
Dispatch of Experts	Bangladesh	Polio Control	01, 02
Project	Peru	Project for Development of Community Mental Health Service	80-87
Project	China	Polio Control	91-99
Project	Myanmar	Leprosy Control Basic Health Service Project	00-05
JOCV	Sri Lanka	Early Detection and Early Intervention and Education	00-

There are many cases where some of the health-care and medical projects—especially in areas of anti-infectious disease measures and reproductive health—are contributing, directly or indirectly, to the technical cooperation noted above.

b. Medical care and rehabilitation medical care

Medical care and rehabilitation medical care play an important role in reducing disabilities and making persons with disabilities empowered.

In developing countries in general, personnel having specialized knowledge, experience and techniques related to medical care and rehabilitation medical care are in short supply, and it is imperative to increase the quality of specialists. In recent years, the necessity and importance of rehabilitation have further increased in some countries along with the progress of aging population and structural changes in disease.

The technical cooperation in this field should include (1) support for CBR programs[24] and (2) training of specialists in medical care and rehabilitation medical care (occupational therapists, physical therapists, speech therapists, practitioners of acupuncture, moxibustion and massage, production of artificial limbs and appliances, doctors), and, although there have been few cases of cooperation in the past, it would be necessary to draw up an aid policy that includes the training

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[24] For CBR support programs, see Appendix 2.

of mental health welfare specialists, welfare caretakers, walking trainers, orthoptists, in view of the situation of aid-receiving country's measures and human resource development and in comparison to its qualification system for people engaged in these professions). And in case of need in instituting CBR programs or technical guidance, (3) construction of facilities and maintenance of equipment can be added to the above.

<Examples of cooperation>

Type	Target country/ Method	Name	Fiscal Year
Technical Training Programme	General (Southeast Asia)	Seminar for Senior Officers in Mental Health Care	92-
Technical Training Programme	General (Asian countries)	Instructors' Training in Esophageal Vocalization (Asia)	94-
Technical Training Programme	General (Asia-Pacific countries)	Technical Aids for Visually Disabled Persons	95-
Technical Training Programme	General	Supplementary Training Course for Medical Rehabilitation Professionals	98-
Technical Training Programme	Chile	Rehabilitation Medicine	97
Dispatch of experts	Chile	Pediatric Rehabilitation	98
Dispatch of experts	Chile	Counseling and Development in Rehabilitation	98
Dispatch of experts	Chile	Epidemiology-Statistics	99
Dispatch of experts	Cambodia	Group Counseling	99, 00
Dispatch of experts	Egypt	Rehabilitation System for Disabled People	00, 01, 02
Dispatch of experts	Cambodia	Rehabilitation of Disabled People	01
Dispatch of experts	Bosnia-Herzegovina	Development of medical statistics concerning physical rehabilitation	03
Dispatch of experts	Bosnia-Herzegovina	Establishment of a database concerning physical rehabilitation	03
Dispatch of experts	Bosnia-Herzegovina	Rehabilitation of persons with disabilities	04
Dispatch of experts	Pakistan	Physiotherapy	05
Dispatch of experts	Cambodia	Physiotherapy: Designation regulations and guiding principles	06
Project	China	Rehabilitation Research Center for the Physically Disabled	86-93
Project	Indonesia	Project for Development of a Vocational Rehabilitation System in the National Rehabilitation Center for Physically Disabled People	94-97
Project	Myanmar	Leprosy Control Basic Health Service Project	00-05
Project	Chile	Rehabilitation of the Disabled People Project	00-05
Project	China	Human Resource Development of Rehabilitation Professionals	01-06
Project	China	Project for Human Resource Development of Rehabilitation in the Central and Western Region in China	08-13
Community	Cambodia	Model Health and Social Service	98-01

Empowerment Programme		Centers	
Community Empowerment Programme	Vietnam	General Welfare Supporting Project of Children in Hue City	98-02
Volunteers	Multiple	Physical therapists 220 Occupational therapists 157 Acupuncture moxacautery massage 30 Prosthetic and Orthotics 12 Speech therapists 14 * Numbers of people dispatched during April 1976 – June 2006	

(5) Sports, recreation and cultural activities

Securing participation in sports, recreation and cultural activities is not only important in advancing social participation by persons with disabilities; it is also meaningful to enlightenment and publicity activities and, in particular to sports from the viewpoint of health promotion. These activities will help to enhance the quality of life of persons with disabilities and those who need positive encouragement.

Technical cooperation in this field may require the training of specialists, including leaders, in (1) organizing events, such as planning and operation of exhibitions and athletic meets for persons with disabilities and (2) sports for persons with disabilities and youth activities (music, art and ceramics). As events in many cases tend to gradually get into a rut, it is necessary to reexamine them periodically.

<Examples of cooperation>

Type	Method	Name	Fiscal Year
Technical Training Programme	Groups	Sports Instructors for Physically Disabled Persons	90-
JOCV	-	Swimming	06

<Anticipated examples>

Examples may include the events related to the support for persons with disabilities as part of community activities by JOCV and SV corps in the field of community development, or media strategies by specialists of IEC (Information, Education and Communication), which, for example, bring into the limelight the stories of successful persons with disabilities (persons with disabilities active in society, or living independent lives with vigor in the community), and coaching on production of data and visual materials.

(6) Enlightenment and publicity

To create an equitable society comfortable to all people including those with disabilities to live in, the government, including national and local public organizations, must carry out a variety of measures for the disabled and for all people, who are the constituents of society, and must fully understand and pay attention to disabilities and the persons with disabilities.
For this purpose, enlightenment and publicity are extremely important and we are required to lay the groundwork for the empowerment of persons with disabilities and their families in society by regarding their problems as those that concern us all and thereby promoting mutual

understanding.

As technical cooperation programs in this area, we should review (1) enlightenment and publicity activities (cooperate in developing media strategies, producing data and visual materials, and events (examples: the "day of persons with disabilities," "human rights week," "month of employment promotion of persons with disabilities," etc.) and deepen mutual understanding), (2) welfare education activities (offer educational opportunities to local residents and encourage them through school education at primary and junior high schools and welfare and health care service institutions), (3) volunteer activities (promote understanding, participation and coordination in the volunteer activities related to persons with disabilities by students, residents, businesses and disabled person and (4) support for international exchanges and the network of organizations of persons with disabilities.

In implementing these programs, we are required to pay heed to the effect of these activities, and the development of self-reliance and the circumstances surrounding persons with disabilities. As events in many cases tend to gradually get into a rut, it is necessary to reexamine them periodically.

<Examples of cooperation>

Type	Target country	Name	Fiscal Year
Dispatch of JOCV	Jordan	Related areas of support for persons with disabilities In addition to field activities, support for holding the "Disabled Persons' Festival" (once a year) aimed at raising their social standing	Total 40 people during 1987 – 2001
Project	Egypt	CBR Seminars under the project, Empowering People with Disabilities through Community Development in the Sharqiya Governorate	2006-2009
Project	Malaysia	Disability Equality Training(DET) under The Project for Capacity Building on Social Welfare Programmes for the Disabled	2005-2008
Others	Japan	Introduction of activities under the project related to assistance for persons with disabilities in the Exhibition on Human Security held at the JICA Global Plaza	2008

(7) Living environment

The improvement of the basic conditions of the living environment of persons with disabilities is also important in advancing their self-reliance and participation in socio-economic activities. In concrete terms, the programs we should support would be the "city planning" that removes physical obstacles in buildings and on the roads while taking into consideration the uses by persons with disabilities, the measures for their "movement and transportation" to reduce their handicap in their movement that is required in line with the increased opportunities of social participation by persons with disabilities or the expansion of the fields of their activities, the housing projects that secure their houses so that they can continue to live in the community, and "crime and disaster prevention measures" that make persons with disabilities feel secure at their home and in society.

It is not necessarily appropriate that these measures are seen as special programs for persons with disabilities, but as ordinary measures that should be implemented with due consideration to persons with disabilities. In other words, according to this basic principle, special measures for persons with disabilities need to be taken only in a case where the ordinary measures cannot be applied. The promotion to improve the living environment is the task that the government, local public organizations, private companies and the people as a whole should wrestle with.   In addition, the enhancement of public awareness and coordination with measures and projects by way of enlightenment and publicity are also important.

Our technical cooperation in this field should be involved with support for various measures, participation in the survey and the basic design in constructing facilities.

<Examples of cooperation>

Type	Target country/ Method	Name	Fiscal Year
Dispatch of Experts	China	Accessible Public Transportation	00
Dispatch of Experts	Thailand	Accessibility of Disabled Persons	94, 95
Training Programme	Local	Accessibility of Disabled Person	00
Project	Philippines	Creation of Non-Handicapping Environment (NHE) for Persons with Disabilities in Rural Areas	2008-

(2) Mainstreaming of support for persons with disabilities

1) Mainstreaming of persons with disabilities in JICA projects

To mainstream persons with disabilities in JICA projects, we should be aware of persons with disabilities as the beneficiaries of the projects and encourage them to participate in the projects as project sponsors. It is required to mainstream them in JICA's project cycles, which are comprised of project planning, implementation, monitoring and evaluation.   In this section, we separate our comments on their participation in the projects as the beneficiaries of the projects and as the project sponsors and their mainstreaming in project cycles.

(1) Full participation of persons with disabilities as beneficiaries of projects

In the past, except when the projects were aimed at persons with disabilities, they have never been fully acknowledged as one of the groups representing the beneficiaries of the projects. There were cases, for examples, where one plan aimed at increasing the school enrollment ratio has not taken into consideration the ratio for children with disabilities, or another to advance women's status failed to include women with disabilities as beneficiaries. In projects of building facilities or improving social infrastructure, there were cases in which, depending on the designs of buildings, access of persons with disabilities to them were made difficult and universal access was not fully considered. Participation of persons with disabilities as beneficiaries of the projects is the concept in which, barring these cases as much as possible, the participation of persons with disabilities as beneficiaries of the projects is secured in the stages of project planning, implementation and evaluation of all projects, not limited to those targeted at persons with disabilities, and they are able to equally enjoy the benefits of the projects.

(2) Barrier-free measures in hardware and introduction of universal design

In order for persons with disabilities to fully reap the benefits of JICA projects, we should take

measures to ensure that the facilities and equipment designed and constructed by JICA's aid are beneficial to them. As there will be plenty of possibilities of persons with disabilities using, for instance, roads, stations, bus terminals, trains, buses, hospitals, schools, etc., we therefore need to introduce universal design as much as possible. In doing so, our policy is based on international standards, and we must therefore consider the ways in which we use our ingenuity to develop new technologies in order to addresses the everyday basic living needs of people with disabilities. In case of public facilities, convenience of movement, wash-basins and rest rooms will be checked at least in view of the use by persons in wheelchairs and persons with disabilities. To construct facilities friendly to persons with disabilities, it is valuable to obtain advice from them from the design phase. Additionally, it is of great use to compile a manual of methods for persons with disabilities to be evacuated to safety in case of emergency.

We should take note that these are not taken as special measures geared to persons with disabilities, or persons with specific disabilities alone, but they are based on the basic principle that all persons including persons with all kinds of disability, aged persons, women and children find them easy to use. We should take measures specifically aimed at persons with certain disabilities only in situations where the basic principle cannot be coped with adequately.

In addition to the improvement of hardware, it is highly important that when implementing measures, society at large, including private companies, deepens the understanding of their necessity, support and cooperate with the measures. These improvements in software would be the basis of not only complementing the improvement in hardware, but also of pushing through the improvement of hardware. For this purpose, it is necessary to enhance awareness of citizens by enlightening the consciousness of the young generation in school education and taking a positive approach to enlightenment and publicity activities targeted at citizens in general.

(3) Participation of persons with disabilities as project sponsors

There will be the "persons with disabilities as project sponsors" in our country and those in developing countries where aid is offered. In either case, when persons with disabilities cooperate as project sponsors in giving support to persons with disabilities, it is easy to accurately grasp their needs as they have the same disabilities, and, in addition, it will hold great promises as cooperative actions by persons with disabilities by themselves become concrete examples for the mode of life and lifestyle for other persons with disabilities.[25] As people expect to ensure increased citizen participation in promoting further international cooperation, the disable person should be equally given various opportunities as a member of the community. In addition to ensuring persons with disabilities to take part in projects run by JICA as project sponsors, it is necessary that we change our mindset from "it is difficult because they are persons with disabilities" to "what we should do to have them participate in the projects," and recognize them also as important players in aid giving. Participation of persons with disabilities as project sponsors should start from cooperative projects for persons with disabilities and should be considered, where possible and necessary, for their positive participation in other areas.

In encouraging the participation of persons with disabilities in our country, we need to increase the opportunities of participation of persons with disabilities as specialists or volunteers of JICA project sponsors, and at the same time, improve and make our implementation systems, such as training facilities and contents, more serviceable.[26] In volunteer projects, we should review our responses taking into consideration the possibility of long-term dispatch of persons with disabilities. Vigorous publicity activities calling on organizations of persons with disabilities for participation in a variety of events organized by JICA are also required. We need to ensure that

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[25] With respect to measures for the key areas and promotion of participation of persons with disabilities, please refer to "the Study on the Participation of Japanese Disabled People in International Cooperation Programs (Phase I, II）" (Appendix 6), and Appendix 10 for the matters to keep in mind in dispatching personnel.
[26] Regarding the environment improvement for JICA-related facilities, see 4-2-3.

the application form for participation inquires about the necessity of wheelchairs, helpers, sign-language interpreters, pamphlets in Braille and takes the necessary measures.

(4) Introduction of views of persons with disabilities

JICA's various projects are conducted along with a series of processes (project cycle) comprising project planning, implementation, evaluation and feedback to the next project. In order to make JICA's cooperation contribute to "full participation and equality of persons with disabilities" we are required in the "Project Execution Plan by Country," which is the basis of JICA projects, to show how JICA views the situation of persons with disabilities in the country concerned and to ensure concrete steps in each phase of policy formation, review, investigation, execution and evaluation.

a. Understanding of the situation of persons with disabilities in the country concerned

Referring to the disability-related information by country in JICA's Website, we describe its summary in (4) support for persons with disabilities, section 3. Things to keep in mind when approaching each issue, Chapter 3 Things to keep in mind in JICA's cooperation of the "Project Execution Plan by Country." For countries, for which there is no related information on persons with disabilities by country, we investigate at a minimum the following points and have them in common with the people concerned with JICA.

By grasping the needs of persons with disabilities in the country concerned and understanding the situation of their activities through the information noted above, JICA, as a project sponsor, is able to consider the possibilities of participation.

The descriptions of JICA's "Country profile on Disability"
1. Current situation of Investigation and statistics on disability
   - National census (whether it contains items and statistical data on disability)
   - Other statistics (by kind of disability, age, sex, degree of disability, cause of disability, area)
2. Related policies for disability
   - Administrative systems related to disability (responsible fields and coordination for disability by central and local government and ministry and agency)
   - Details of disability-related laws
   - Situation of disability-related measures
     Related to prevention, detection, early treatment and education
     Related to medical services and rehabilitation
     Related to education
     Related to social services (situation of social security and barrier-free)
     Related to training and employment
     Related to community-based rehabilitation (CBR)
     Related to information and communication (sign language and Braille)
   - Situation of decision-making methods and processes, laws and ordinances supporting participation of persons with disabilities (legal support)
3. Specialists and workers in the disability area
4. Lists of disability-related organizations and summary of activity of each organization
5. Actual performance of disability-related aid by international institutions and other institutions

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b. At time of reviewing new programs and the survey results of requested programs

When reviewing all new programs concerning JICA projects, it goes through the following processes. JICA is required to make sure that persons with disabilities take part in the programs of JICA projects directly aimed at their support and that, irrespective of whether they are matters directly concerned with their support or not, JICA strives to ensure their benefits while remaining

aware of their existence in its review of all programs.

1. Support policies for persons with disabilities in the country concerned and confirmation of consistency in requested programs

JICA should check the requested matters for consistency against the project execution plan by country (related information on persons with disabilities by country) and the support policies for persons with disabilities in the country concerned. It is also required to exchange information and make adjustments with the partner government, related donors and NGOs in order to avoid duplication and ensure effective coordination.

2. Confirmation of target aid recipients

When a project is carried out, JICA should check to what extent the aid recipients and benefits are identified.

① Where persons with disabilities or persons engaged in welfare for persons with disabilities become the immediate beneficiaries.
 How the recipients or the persons engaged in welfare for persons with disabilities are identified, or what characteristics they have. Whether they have to do with the key targets (organizations of persons with disabilities, their leaders and women with disabilities) of direct support or not.

② Where immediate beneficiaries do not include persons with disabilities
 If changing project designs will increase the chance of benefiting the persons with disabilities and whether the change is possible or not.

3. Forecast of positive and negative impacts on persons with disabilities

Estimate the effects that may be brought on when the projects are carried out not only on the beneficiaries of the projects, but also the persons who are in the scope of the effects of the projects in a broad sense, and where negative effects are expected, review the measures to restrain or alleviate them. Analyze them using the following five check items.

Check items	Contents to be checked
Negative effects by aid projects	If implementing the project has a negative impact on persons with disabilities
Distribution of aid	Whether persons with disabilities are not excluded by beneficiaries, or they are properly targeted.
Reflection of opinions of persons with disabilities on policy formation	If persons with disabilities are included in the stakeholders from the beginning of policy formation
Upskilling of persons with disabilities	If persons with disabilities are given due considerations to the process of building the "five capabilities" by themselves
Consideration for others' upskilling	If people concerned with support for persons with disabilities have capabilities-building programs to offer continuously goods and service to them

As there is often not enough information at the stage of reviewing programs, it is necessary to find out what information is required to confirm their possibilities, including how to obtain it. Where major impacts are expected, it is important to review in advance what kind of investigation and response are required at the stage of the preliminary survey or prior to the implementation of the project.

4. Confirmation of persons with disabilities as project sponsors

In carrying out projects, it should be confirmed whether the persons with disabilities are included in project sponsors or they are excluded.

(1) Where persons with disabilities or persons engaged in welfare for persons with disabilities are the immediate beneficiaries
When persons with disabilities become the project sponsors by themselves, the effectiveness of cooperation is far-reaching in view of the social impact to be made by the precise knowledge of aid needs and the cooperative activities by persons with disabilities themselves. We review the participation of persons with disabilities both in Japan and developing countries.

(2) Where persons with disabilities are not included in the immediate beneficiaries
We should check if there is any chance of persons with disabilities taking part in the project as project sponsors, or whether they are excluded from the project.

c. Preliminary evaluation of the project and preparation of the execution plan

At these stages, like examining the new programs and the results of request survey, it is necessary, when conducting an on-site investigation, to make an impact analysis based on the aforementioned five check points, making sure that the project brings about positive results to disabled person.

For projects aimed at giving direct support to the persons with disabilities or creating the proper conditions and environment for them, it is necessary to set up an evaluation index in the preliminary evaluation so that the progress of the project is properly managed.

In this instance, although the quantitative data should naturally be employed, it alone will not fully clarify the situation of the empowerment of persons with disabilities. Therefore, the qualitative data obtained from the viewpoint of persons with disabilities with as much participation as possible by persons with disabilities and persons concerned with them should also be collected.

It is important to fully understand that persons with disabilities participating in the design of the project, not just gathering data, and the parties concerned have an understanding of the project's purpose, goal and implementation method, and the activities of the persons with disabilities will be motivated towards achieving their feelings of empowerment.

d. Implementation of project and monitoring

The programs for which the evaluation and monitoring indexes are set up at the stage of the preliminary evaluation should be monitored according to these indexes as to their progress at the time of the formulation of the yearly plan, quarterly reports and mid-term evaluation in order to ensure its smooth implementation. At that time, the monitoring methodology and revisions of the plan should be done by studying and analyzing the extent of achievement against the achievement index.

e. Project completion

The evaluation of the project upon its completion should be examined and analyzed mainly based on the five items of evaluation (relevance, efficacy, efficiency, impact and self-expansibility) and whether it is possible to end the cooperation or if follow-up including the extension of cooperation is necessary or not. We need to pay heed to partner's ownership, making sure we do not damage it.

The experiences we gained here should be incorporated in the guidelines of this subject; the

related information on persons with disabilities by country and the project execution plan by country so that they are shared in JICA.

2) Improvement of environment for promoting mainstreaming

As stated in Chapter 2, it is necessary to remove all the barriers in JICA in order to advance the mainstreaming of support for persons with disabilities in JICA projects. In this section, we touch on the subjects concerning advancement of understanding of persons with disabilities at JICA, promotion of employment of persons with disabilities, efforts to make the related facilities barrier-free and the introduction of universal design. In responding to these subjects we refer to the information of the Cabinet Office, who coordinates the policies pertaining to persons with disabilities in Japan.

(1)　Promotion of the understanding of support for persons with disabilities by persons concerned with JICA

In order for JICA to deal with support for persons with disabilities in developing countries and to press forward their empowerment and mainstreaming in every JICA project, from the onset JICA's officials, as project sponsors, should fully comprehend the issues that persons with disabilities are facing. This means that with the proper knowledge of persons with disabilities, we will be able to accurately target their needs and consequently have them be reflected in our projects and thereby raise the effectiveness of our projects.

These are the approaches to promote the aforementioned in specific terms.

a. Implementation of training

We should provide JICA officials and those related with JICA with training with the purpose of deepening their understanding of persons with disabilities. The training, along with the introduction of JICA projects, is more effective if it has instructors comprising, wherever possible of disable persons and persons concerned, and the courses, including those for practical skills, are designed in such a way that participants are able to grasp the true living situation of persons with disabilities with compassion and understanding.

In the future, we should strive to promote the understanding of persons with disabilities by the rank and file by incorporating similar training into the training by job ranking and the training before overseas assignment. At the same time, other than JICA officials, training geared to the related persons, including various coordinators, specialists, volunteers in various fields and training managers, will be provided.

To cope with visitors to JICA-related facilities by persons with disabilities and inquiries, a manual for the information desk should be prepared and distributed to various institutions. The manual should describe the basic points and things to keep in mind concerning the treatment of persons with disabilities and also the various types of disabilities. Based on the manual, each institution should provide the officials in charge with advance training.

With respect to the training of aid workers to be assigned to give support for persons with disabilities, we should consider dispatching people who are already active in Japan in this field so that they will build up the know-how necessary for implementing programs in developing countries based on their past experiences.

b. Establishment of the specialized section for officials

We should make "support for persons with disabilities" a specialized section for the officials and

along with nurturing these officials with high-level specialty we should work toward the further promotion of these projects in the areas of concern.

c. Utilization of "JICA Knowledge Site"

We must upgrade the information system and database on the "JICA Knowledge Site"[27], in order to more effectively and efficiently offer support to our personnel in the field who work with persons with disabilities thereby allowing them to make the most effective use or our most recent and up-to-date information sources.　If we make good use of the "Knowledge Site," we could investigate, as the need arises, the aid policies and performance by each aid field, information on the personnel dispatched overseas, such as specialists and study groups, the contact addresses of key figures and related institutions, and past examples.　It is expected to improve the effectiveness of project implementation when we launch a new project, or when officials, who assume the post in charge of this field, share the accumulated experiences in JICA.

We should try to coordinate with other teams by field and agenda so that we could introduce the viewpoints of persons with disabilities into the part of the "Knowledge Site" not related to persons with disabilities.

d. Site inspection by supporting committee members

For the purpose of promoting the mainstreaming of persons with disabilities in JICA projects, we dispatch the supporting committee members concerned with our field to the site of our cooperation and conduct a survey on the situation of our project implementation.　With the inspection of JICA's cooperative activities on-site by the committee members, who are specialists in our field, and the staff of our overseas offices deepening their knowledge of persons with disabilities, we continue to give advice on how to effectively drive forward the mainstreaming of persons with disabilities.

(2) Employment promotion of persons with disabilities as JICA officials

The fact that JICA itself, who, in order to achieve the "full participation and equality" for persons with disabilities, has been carrying out the vocational rehabilitation projects for them in developing countries, undertakes to advance job development for persons with disabilities means a great deal externally.　In putting the support projects of disable persons into execution, JICA, the project sponsor, incorporates the point of view of persons with disabilities into its organization, and this fact, more than anything else, is the driving force for the effective implementation and management of the projects. It is because people who can best understand what kind of viewpoint is necessary in giving support for persons with disabilities are the persons with disabilities, and with JICA officials, irrespective of whether or not they have disabilities, working in the same workplace, we can expect the understanding of disability and persons with disabilities will be enhanced.[28]　Additionally, we, as an organization, need to secure the support system, including one offering a training environment which is easy to participate in by the officials with disabilities, so that they can cultivate their expertise and capabilities for non-disability areas as well and get opportunities to demonstrate them in other areas.

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[27] The "JICA Knowledge Site" is the system built on the groupware infrastructure, and the web surfer can search for information on JICA, which is made up of the three key groups, "area and agenda," "project" and "human resource" at its core, and other groups of databases including other Websites.　With this Website, JICA is able to centrally control and share the information and related documents that were managed by each project division and official in charge of the projects.　This is already introduced in 23 fields, such as education, nature conservation and the South-South Cooperation.
http://gwweb.jica.go.jp/km/km_frame.nsf

[28] Under the article 10(2) of the "Law for Employment Promotion etc. of Disabled Persons," special corporations, such that the government-affiliated public corporations, are obligated to employ 2.1% of their total employees with persons with disabilities (legal employment rate).

At the same time, the workplace environment needs to be improved, both in hardware and software, so that the officials with disabilities find it easy to work. We understand the following environmental considerations are necessary.

Hardware: Securing accessibility to the office according to disability, making the office layout barrier-frees, introducing and installing office equipment (improvements of computers and interfaces) according to the disability.

Software: Understanding of disabilities by rank and file officials, and the support required because of the difficulties that people of disabilities face when conducting business (cooperation and consideration among officials, introduction of assistants, securing means of communication such as Braille and sign language). Special arrangements in software for persons with hearing impairments are also important.

The employment of persons with disabilities is now a large issue internationally. For expansion of job opportunity for persons with disabilities, upgrading vocational training and promoting employer's understanding have become indispensable.

(3) Introduction of barrier-free and universal design[29]

As part of promoting mainstreaming, it is necessary for JICA to modify its related facilities to provide greater accessibility to persons with disabilities. The JICA-affiliated facilities include the headquarters, domestic centers, JOCV training centers and overseas offices. JICA should improve various aspects of the existing facilities, as quickly as possible, that hinder persons with disabilities from using them (elimination of barriers). When any new facilities are constructed, in principle universal designs shall be adopted in compliance with the standards stipulated by "the New Barrier-free Law" based on the expected use by all sorts of people including persons with disabilities and older people. For instance, when vehicles are replaced by new ones, some should be vans equipped with a wheelchair lift in consideration for accessibility by all persons, thereby promoting barrier-free facilities/equipment. The budgetary measure required for such modifications is a matter for future discussion.

We list below the concrete cases by form of disability that we have to consider in ameliorating the present situation. When actually making improvements of facilities or constructing new facilities, we listen to the opinions of great number of persons with disabilities from the design phase, checking user-friendliness for them.

(Example) Improvements of offices and lodging facilities

a. Wheelchair users

Elevator: An infrared sensor should be mounted on the door to prevent the disabled person from being caught in the door. A panel of buttons for wheelchair users should be installed.

Rest room: A rest room for wheelchair users to be built in each floor.
Rooms for overnight accommodation: At least five wheelchair-friendly rooms to be built. We secure an adequate space, especially in the bathroom, so that the person in wheelchair can go in and leave there, and do away with steps as much as possible.

Others: We need to do away as much as possible with steps at the entrance and inside the building, and, where steps are not able to be removed, then a ramp for wheelchairs must be built. We must always keep in mind that enough space inside the building is secured for easy

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[29] For the barrier-free concept and universal design, refer to Appendix 9.

movement in a wheelchair.

b. Persons with visual impairments

Elevator: The elevator should have the indications both in Braille and raised letters right next to the buttons in the elevator and the buttons for each floor. Voice guidance (English) should be installed.

Signs in Braille: Signs in Braille are required in each room in the facility and at the entrance of the restroom.

Rooms for overnight accommodation: Indications in Braille are required for switches. Written materials in the facility, such as handbooks for users, should have Braille and enlarged-letter editions as well. Each door should have raised letters or figures.

Others: Textured paving blocks should be laid at key areas (entrance, front, stairs, dining room, etc.), and between key areas (entrance to front). Dangerous places should be marked with textured paving blocks or a rail. The lighting in the facility should be bright and signs that are easy to see should be installed.

c. Persons with hearing impairments

Room for overnight accommodation: As they have difficulty in hearing a knock at the door, a flash light that enables the hearing-impaired person to recognize a visitor should be installed. Each room should have an alarm clock and a wrist watch with a vibrator so that they wake up at a specified time in the morning.

Others: A flash light that lights up at the same time the emergency bell rings.

In order to implements the above improvements, budgetary considerations are required, and it is expected to be difficult to carry them out in leased offices. Taking into consideration the local situation, we should try to remove physical barriers as much as possible. At the same time, as mentioned in 4-2-1 (1) above, officials working in the related facilities (not limited to those belonging to JICA) should know how to respond to persons with disabilities appropriately. It is indispensable that each facility should have a manual in advance concerning evacuation and guidance in case of emergency.

Figure 2-3 Concept of Approach to Support for Disabled Persons

Full Participation and Equality of Disabled Persons

Empowerment

Examples related to direct support

Training of leaders

Independent life training

Self-employment and vocational training

Promotion of participation in CBR

Consultancy projects for disabled persons and their families

Technical guidance for disabled persons' organizations

Provision of welfare equipment, etc.

Improvement of conditions and environment for empowerment

Implementation of CBR and training of CBR workers

Training of specialist personnel for related job categories

Formulation of educational policy

Formulation of welfare policy

Enlightenment and publicity activities in the community, etc.

Mainstreaming

Support for participation of disabled persons in JICA projects

Participation of disabled persons as beneficiaries of projects to be implemented by each sector

Participation of disabled persons as sponsors of projects aimed at disabled persons, etc.

Creation of conditions and environment to promote mainstreaming

Training of officials

Diversification of training materials

Making work environment barrier-free

Employment of officials and support for them at work

Overhaul of the specialist and volunteer dispatching system, etc.

Coordination Interaction

Chapter 3 Direction of JICA's cooperation

3-1. JICA's priority measures and points to be noted

The twin-track approach consists of two measures, empowerment and mainstreaming, as stated in Chapter 2. The two measures function in a mutually complementary manner and share many overlapping features, thereby making it difficult to clearly separate the two tracks. Greater importance lies in the measures for mainstreaming. That is, in taking measures for development, the issue of (the person with) disability shall not be addressed as an issue of the area of mere health and medicine. Instead, persons with disabilities should be included in all measures for development because they are faced with diverse problems just like all persons are faced with numerous problems. Thus, it is important to challenge the barriers that impede the inclusion of persons with disabilities.

(1) Key areas of mainstreaming

1) Poverty reduction

The worldwide tide of poverty reduction has been progressing towards achieving the MDG to "halve the population of people whose income is less than $1 a day by 2015." On the other hand, disability and poverty are intricately interrelated. That is, the World Bank reports that persons with disabilities account for about 20% of the poor in developing countries. Likewise, statistics indicate that developing countries are home to about 60% of persons with disabilities. [30] Accordingly, it is an important element to set the target population at persons with disabilities in the framework of poverty reduction in order to achieve the UN MDG.

It will be also essential to work on the content of cooperation so that persons with disabilities and their families living in the region will be able to enjoy the benefits of the project when cooperation is extended to community development, rural promotion and livelihood improvements to address the issue of poverty reduction.

2) Reconstruction and development assistance

In recent years, conflict in the world has been changing from inter-state conflict to inter-regional or domestic conflict, with which the number of noncombatant and civilian victims has grown, that is, accounting for about 80% of all victims of conflict. Post-conflict nations are confronted with the collapsed social infrastructure and systems and also undergo a great deal of anxiety concerning fragile domestic security and political conditions in addition to the problems commonly faced by other developing countries. Thus, these countries are caught in more complicated circumstances. An adverse impact of deteriorating social and economic conditions caused by conflict tends to manifest itself more strongly in socially vulnerable groups such as children, older people, women and persons with disabilities. Even if reconstruction and development to build a peaceful nation begins after conflict settlement, they are often left behind in the social and economic development. Persons with disabilities are accommodated in institutions to receive care services, while being deprived of the opportunities to exercise their own will and rights in decision-making. Such being the case, they can only be burdens on reconstruction and development. What is needed is to shift the content of assistance to the measures to enhance the inclusion and empowerment of persons with disabilities (for instance, shift from the supply of prostheses/orthoses to the development of prosthetists/orthotists) based on a full recognition that they have potentials to become important actors in reconstruction and development.

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[30] Elan, "Poverty and Disability: A Survey of the Literature Social Protection Discussion Paper No. 9932: Publication Date: 12/99"

BOX3-1 Reconstruction and development assistance and persons with disabilities
JICA formulates a cooperation plan of reconstruction and development assistance by using a tool for conflict analysis and programming called Peace-building Needs and Impact Assessment (PNA) before it provides assistance for peace-building. This tool is used to analyze seven categories. One of its categories for analysis is assistance for the socially vulnerable. Under this item, we need to survey the conditions of physical disabilities caused by landmines and combats and PTSD to explore what types of assistance are required. Thus, the built-in mechanism enables us to make sure to consider the benefits of reconstruction and development assistance to be enjoyed by persons with disabilities through including an analysis of the area of disability in every assistance project for peace-building. Nonetheless, there is a tendency that only medical rehabilitation services are taken into account despite the fact that persons with disabilities need various services just as persons without disabilities. It is of great importance to pay full consideration to persons with disabilities by reckoning them as beneficiaries of every assistance project without limiting it to medical rehabilitation.

(2) Major target population of empowerment

1) Organizations of persons with disabilities and their leaders

The development of groups of persons with disabilities and their leaders has been one of the priority areas. It will be urgently needed to strengthen further the measures for the development of such groups and their leaders so that they will be able to enjoy the benefits of all development projects as well as JICA's projects and obtain equal opportunities to participate in the projects. To put it more specifically, a possible method will be to provide assistance to forming a partnership with groups of persons with disabilities in Japan in addition to the training programs. When cooperation is extended to leadership training, the cooperation will never be effective unless the conditions of those who are the weakest among persons with disabilities (such as women, persons with moderate to severe disabilities, linguistic minorities, indigenous people, and ethnic minorities) are fully understood and their representatives/spokespersons are included in the target population. Their family groups and families must also be included in the important groups of the major target population of empowerment.

<Examples of cooperation>

Type	Target country/ Method	Name	Fiscal Year
Technical Training Programme	Group	Intellectual Disability in Community Activity	80-
Technical Training Programme	Group	Leader of persons with disabilities	86-
Technical Training Programme	Group	Leadership Training of Asian and Oceanian Deaf persons (Asia-Pacific countries)	96-04
Technical Training Programme	Group	Mainstreaming and Empowerment of Persons with Disabilities in Africa	02-
Project	Kyrgyz	Inclusion of Disabled People in Society	07-10

2) Women with disabilities

Women with disabilities tend to be faced with dual barriers – social barriers and cultural barriers – in that they are "women" and "persons with disabilities," and their human rights are gravely violated in many cases. A great number of women with disabilities are compelled to live in the conditions in which they are not even fully given the basic human rights and are hidden from public view by their families without opportunities for movement, education and employment.

These women with disabilities are evidently in need of assistance to foster understanding among their families and society, expand their participation in various social activities including productive activities, and build their self-confidence (empowerment).

<Examples of cooperation>

Type	Target country	Name	Fiscal Year
Project	Thailand	Asia-Pacific Development Center on Disability Phase 2	07-12
Project	Pakistan	Project of the Promotion of Social Participation of Persons with Disabilities	08-10
JOCV	Dominican Republic	Handicrafts	
JOCV	Pakistan	Home arts	

(3) Major target population of mainstreaming: Public administration, NGO/private sector and mass-media

The important foundation underlying the promotion of social participation of persons with disabilities is formed by the following factors: they have dignity as human beings; their social status is recognized; they can have a sense of belongingness to their societies; their human rights are guaranteed; and they are able to influence the decision-making processes of politics and policies. As a matter of fact, however, in many cases it is difficult for them to participate in society and politics due to underdeveloped systems and social environment and a great lack of awareness. In order to create an equal society in which all persons are able to fully participate, essential are legislature, administration of justice, administrative improvements, and increased awareness at the level of the central government to ensure the human rights and social participation of persons with disabilities. For instance, for the equalization of education opportunities, it is imperative to change awareness and understanding among school-related organizations. On the other hand, the social participation of persons with disabilities cannot be enhanced only by public administration. In developing countries, NGOs often play supplementary roles for fragile administrative organizations in providing public services in collaboration with the local administrative organizations in the community. Employment by the private sector is also important for improving the livelihoods of persons with disabilities. Thus, it is meaningful to bring about a greater understanding in the private sector. In order to achieve the inclusion of persons with disabilities in every aspect of the regional society and community life, what is required is to deepen the society's understanding of disability. Mass-media such as radio, television and newspapers are able to play a useful function by focusing on the issues held by persons with disabilities through their information transmission media besides exercising a check over the public administration sector. Hence, it is necessary to deepen the understanding among these relevant organizations and stakeholders in addition to those involved in public administration.

(4) Points to be noted upon implementation

As noted above, the JICA's implementation principles of assistance for persons with disabilities are constituted on the two pillars, i.e. "empowerment" and "mainstreaming," and the assistance should be rendered in consideration for creating an environment and conditions ready to prop up each pillar as well. However, classified assistance does not stand alone. A point to be noted is that each assistance project needs to be implemented in collaboration and in a mutually supplementary manner. That is to say, if a viewpoint from assistance for persons with disabilities is incorporated into such sectors as education, health and medicine, rural and social development, gender equality and peace-building, the project can be conducive to developing conditions and environment for enhancing the empowerment of persons with disabilities (mainstreaming and

inclusion), for instance, through indirectly contributing to the development of human resources who will be involved in the issue of persons with disabilities and the formulation of education policies that include children with disabilities. Also, when community-based rehabilitation (CBR)[31] is carried out in a community, it may directly lead to the empowerment of persons with disabilities in the sense that it develops the five types of capabilities. Or, in other cases, by including guidance on nutrition to pregnant women and activities for literacy education, it may in fact turn out to be the cooperation that improves the development of the conditions and the environment that fosters and nourishes empowerment.

Furthermore, just like other assistance for community development, particularly when assistance for persons with disabilities is rendered in community, it is vitally important to carry out a full survey on the features of the local society, economy, politics, and religion and implement the project by making an effective use of the existing systems so as not to cause an unnecessary discord. You need to be fully aware of the fact that assistance for persons with disabilities is an issue that persons with disabilities and their surrounding society should address in partnership.

At the same time, in assistance for persons with disabilities, you need to pay full consideration to the fact that the central and local governments are not the only major counterparts but also the private sector, particularly NGO, fulfills a very significant role. Hence, you should bear in mind the importance of building a system to formulate and implement a plan in collaboration with stakeholders in various sectors and levels.

In case of assistance for persons with disabilities, it is essential to provide assistance to support the participation of persons with disabilities in society while respecting as much as possible the way of thinking of each person with disability and the diversity of lifestyles due to disability. To that end, persons with disabilities should not be treated as mere service receivers, but should be given the opportunities to become service providers making the most of their ability. At the same time, consideration should be taken not to exclude them from society and development.

3-2. Issues for future exploration

(1) Issues concerning human resource development and recruitment

The issue of development and recruitment of experts in the area of persons with disabilities poses an urgent challenge. A recent trend indicates that, in addition to the conventional projects to strengthen the personnel training organizations for medical rehabilitation, there are a gradually increasing number of new areas of empowering persons with disabilities such as assistance to foster organizations of persons with disabilities and networking, assistance to expand their social participation including employment, and community-based rehabilitation (CBR). The professionals in the area of rehabilitation cannot afford to leave their workplaces for a prolonged period of time, thereby making it difficult for them to be engaged in overseas cooperation in many cases. The experts in empowering persons with disabilities have been recruited from universities, NGOs and NPOs. However, it will be necessary to make endeavors to recruit personnel to meet a growing demand in the future. In particular, there is a problem in having an accurate grip of human resources in the area of assistance for persons with disabilities. This is because PARTNER, which is a registration system for international cooperation personnel, does not include a category of "assistance for persons with disabilities," thereby being unable to have the accurate number despite the fact that there are a great number of people who have studied the area of assistance for persons with disabilities at universities, etc., or have experiences in this area as JOCV members, for instance. A future challenge lies in the development and recruitment of experts for international cooperation in the area of assistance for persons with disabilities by utilizing the human resource development systems such as training of junior experts and individual experts.

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[31] See Appendix 6 as to CBR.

(2) Enhancing further mainstreaming persons with disabilities as project implementers

The mainstreaming of persons with disabilities as project implementers has been progressing steadily in recent years as can be observed in an increasing number of short-time experts and members of study teams with disabilities in its assistance projects for persons with disabilities. For instance, a person with a physical disability and a person with an intellectual disability have been dispatched as short-term experts, who have produced a good effect in the empowerment of persons with disabilities through playing a role model and/or peer counseling. Or, a person with a visual impairment and a person with a hearing impairment have been dispatched as members of study teams at each stage of the project and participate in the evaluation and monitoring. As to volunteers such as JOCV as well, the number of short-term experts with disabilities has been gradually increasing particularly in the area of sports for persons with disabilities. In 2008 a totally blind senior volunteer was dispatched as the first long-term expert. However, these cases were limited to the projects of cooperation for persons with disabilities in the past. It will be necessary to explore the possibility of their active participation in other areas whenever necessary or possible in the future. To that end, JICA needs to revise its systems and rules on dispatch so as to deal with the dispatch of persons with disabilities.

(3) Expansion of training for the JICA staff

As discussed in Chapter 2, it is essential to improve the understanding and raise the awareness among concerned persons, particularly JICA staff members to enhance mainstreaming. With this recognition, JICA has been implementing staff training in order to assist persons with disabilities once or twice a year through the Human Development Department. In fact, the training targets only those who wish to take part in the course. That is, the training has been organized so that staff members who are interested in assistance for persons with disabilities voluntarily participate in the course. As a matter of fact, staff members who need to learn about and raise their understanding of the subject are those who are not interested in assistance for persons with disabilities. The present system is not sufficient to appeal to these people. In the future, it will be required to explore different methods such as introducing position-based training for attracting such people so that a greater number of relevant persons will develop acute awareness of the issue.

Appendix 1: What has been achieved in cooperation for the area of persons with disabilities in each JICA's scheme

1-1   Introduction of major measures by JICA in the past

1.   Training
(1)   Leadership development of persons with disabilities
JICA has been implementing a group training course, "Leadership Development of Persons with Disabilities," since 1986 through the Japanese Society for Rehabilitation of Persons with Disabilities (JSRPD).   The course aims to provide information concerning the self-reliance of persons with disabilities from various aspects to the leaders who are in the position to support persons with disabilities as leaders with disabilities, thereby contributing to mainstreaming and empowering persons with disabilities.   The participants come from Asia, the Pacific, and the Middle and Near East.   The course is consisted of lectures, study trips and practical training to enhance their understanding of relevant issues including "analysis of the situation of persons with disabilities and grasping their needs," "promotion of organizational activities by persons with disabilities," "improvements in comprehensive public relations programs concerning the rights and needs of persons with disabilities," and "activities to increase social participation by organizations of persons with disabilities in Japan."   After they return to their respective countries, they become active leaders who promote regional welfare policies for persons with disabilities.   JICA has been modifying the training facilities so that the participants with disabilities will be able to spend their time more comfortably.

BOX1-1   A significant outcome of leadership development of persons with disabilities: Venus M. Ilagan (Philippines)

In the 6th DPI[32] World's Conference, a woman was elected as the world's chair for the first time.   She was a participant in the JICA course, "Leadership Development of Persons with Disabilities."   She has been wheel-chair bounded since the age of 3 because of polio.   She majored journalism at university.   After graduation, she worked for the National Intelligence Coordinating Agency for 14 years.

In 1992 she came to Japan to undergo the course "Independent Living Training" organized by NGO.   She was impressed by many self-reliant and active persons with disabilities in Japan and became determined to contribute to the independent living of persons with disabilities in the Philippines by using her experience in Japan.   Since 1995, she carried out activities to assist persons with disabilities in the Philippines as the representative of the National Federation of Persons with Disabilities in the Philippines (KAMPI).   In particular, she is concerned about the issues of women with disabilities and children with disabilities and plays an active role in the Secretariat of the Women's Network and also as a coordinator of national projects for children.

She attends a great number of international conferences and gives speeches to advocate for the rights of persons with disabilities as President of the DPI-Philippines and Chair of DPI-Asian-Pacific Block.   In 2001 she received the Kazuo Itoga Memorial Prize, which is awarded to people for their outstanding services in the area of disabilities.   She expressed her resolution that she would do her best, as DPI-World Chair during her four-year term of service, to create an environment that will be conducive to developing human resources personnel who will become the leaders of persons with disabilities.

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(2)   DPI Leadership Training Seminar (third-country training)
DPI, which is an active worldwide NGO as an organization of persons with disabilities, has held a seminar every year since 1986 with the aim of fostering leaders of persons with disabilities in developing countries in the regions of Asia, the Pacific and Africa where DPI's office is located. Every year the seminar is held in cooperation from a local organization in a different country for persons with disabilities regardless of the type or degree of disability.   It aims to strengthen

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[32] See Appendix 2 as for DPI.

organizations of persons with disabilities in each country through information exchange, technical transfer, promotion of participation in the regional meeting, and assistance for self-reliance. Besides, its main objectives are twofold: first, the participants acquire knowledge and techniques to carry out the action plans of the UN "World Program of Action concerning Disabled Persons" and "the Asian and Pacific Decade of Disabled Persons" by ESCAP; second, staff members and technical specialists for development projects obtain the necessary knowledge and techniques. The seminar empowered the participants from various countries through lectures by experts with disabilities and group work.

The seminar has also given us a good opportunity to learn about the issue of disability to the government and citizens of a country where it is held and brought about an effect that people have realized the importance of "barrier-free" and networking among disaster-related ministries/agencies and groups of persons with disabilities.

＜The number of participants in the seminar＞

FY1986	Korea	19 persons	FY1994	Zambia	31 persons
FY1987	Pakistan	27	FY1995	Philippines	23
FY1988	Thailand	44	FY1996	India	22
FY1990	Fiji	26	FY1997	Thailand	37
FY1991	Singapore	23	FY1998	Fiji	25
FY1991	Zimbabwe	21	FY1999	Sri Lanka	19
FY1992	China	19	FY2000	Laos	40
FY1993	Bangladesh	21	FY2001	Cambodia	56
FY1994	Indonesia	28	FY2002	China	26

(3) Leaders for the deaf (Asian and Pacific nations)

This JICA's course has been held through the Japanese Federation of the Deaf since 1995. Persons with hearing impairments are invited from developing countries in the Asian and Pacific region to disseminate knowledge accumulated in Japan concerning social welfare and activity projects for deaf people and leadership training for groups of deaf people, thereby contributing to their self-reliance and social participation. To start the training, the first thing to do is to adjust the sign language (the international sign language being used in this training course) among the participants to smooth the way for communication. The course is held over a five week period and consists of lectures on the status quo, education, employment, interpretation service of sign language, and activities by the groups of deaf people in Japan, and visits to observe activities and exchanges with deaf people who are active players in the public facilities for the deaf and in society in the cities of the Kinki and Kyushu regions.

2. Japan Overseas Cooperation Volunteers

(1) Costa Rica: JOCV cruise team for rehabilitation of persons with disabilities, Seminar on Teamwork as a Rehabilitation Strategy

In September 2001, a JOCV cruise team was dispatched to conduct a study on the areas of rehabilitation and welfare. It probed into the question why the area of rehabilitation has not sufficiently progressed in Costa Rica, which had been a concern from the initial stage of the JOCV dispatch in 1979. The team analyzed its findings and concluded that the slow progress was attributable to the underdevelopment of team medicine. Subsequently, after a series of discussions with the National Rehabilitation and Special Education Council, etc., it was decided that a three day seminar would be held in June 2002 with the aim of strengthening teamwork.

For the seminar, the team (leader: Satoshi Ueda, Vice-President of the Japanese Society for Rehabilitation of Persons with Disabilities and technical guidance by Junko Taguchi, Technical advisor of JOCV) was dispatched and in addition, three ex-JOCV members were dispatched as members of the backup program team. Mr. Ueda, the leader, gave lectures for three days concerning the teamwork among people from different professions to impart the basic concept of rehabilitation. He prepared materials in PowerPoint in Spanish as an effort to pass on the concept more effectively. A meeting of the Task Force was held to deepen the participants' understanding of the contents of the lectures, in which the participants conducted a case study

about the problems faced by JOCV members in the past as to the teamwork at the workplace. Ms. Taguchi, technical advisor, provided technical training on exercise therapy to physiotherapists. Every day during the seminar more than 80 persons from various regions participated in this program. Doctors and occupational therapists including two JOCV members from the Dominican Republic participated in the seminar with a strong desire to learn about the teamwork in rehabilitation.

Through this seminar, a wide range of people including physiotherapists, occupational therapists, social workers, doctors and psychologists got together to share the problems held by each individual, obtain information on the situation of the teamwork in rehabilitation in Costa Rica, and held discussions to analyze the methods on how to effectively carry out teamwork. At the end, recommendations were summarized, and it is ensured that they will be reflected in the national plan.

3. Technical cooperation project

(1) Asia-Pacific Development Center on Disability: Phase 1 (Duration: August 1, 2002 ~ July 31, 2007)

This is a technical cooperation project in Thailand, but a region-wide project to cover Thailand and the entire region of Asia and the Pacific. Before the formulation of the project, three studies had been conducted from 2001. At the same time, a workshop was held for persons with disabilities, and also discussions were held with government organizations, NGOs and international organizations in Thailand and in the surrounding countries. As a result, it was decided that the project would be launched with the ultimate goals of "empowering persons with disabilities and creating barrier-free societies in the Asian and Pacific region." The project has implemented the operation since Aug, 2000, and consists of the following three axes; (1) human resource development, (2) assistance with information, and (3) networking and coordination among relevant organizations. The features of this project are: persons with disabilities themselves formulate the project; they plan, manage and evaluate the project; organizations of persons with disabilities are employed as cooperation organizations; and it is a wide-region project for persons with disabilities living in Asia and the Pacific. The Japanese government makes a special mention of this project and specifically states that it will strengthen its assistance for this project in its "Five-year Plan for Implementation of Priority Measures."

(2) Chile: Rehabilitation for Disabled People Project in the Republic of Chile (Duration: August 1, 2000 ~ July 31, 2005)

The government of Chile has placed emphasis on social welfare with the aim of helping the socially vulnerable and taken various measures to improve the welfare system for persons with disabilities. However, the Instituto Nacional de Rehabilitacion Pedro Aguirre Cerda (INRPAC), which is the only national rehabilitation hospital for children with physical disabilities, lags behind both in the facilities and in medical care technology. Hence, the project was implemented for improving its rehabilitation techniques and functions such as the care system.

Under this project cooperation was provided to improve its care programs, improving the technical level of its staff, and developing its medical information system. In parallel with the progress of guidance on rehabilitation techniques to the staff, the project also progressed satisfactorily such as completing the prototype of a clinical database. As part of the rehabilitation program, the rehabilitation service system in the region which is comparable to the medical care system for in-hospital patients and out-patients has been developed under the project. The findings of the community survey in Chile clearly indicate that there is a profound need for measures in terms of home-rehabilitation by attendants who have received training from rehabilitation professionals and social integration of persons with disabilities. However, the welfare system has not yet been sufficiently developed in Chile. On the other hand, decentralization has been in progress, and the survey revealed that it would be possible to take an approach in which the families of persons with disabilities would be able to incorporate a regional group as a company and file an application for a project at the National Foundation for Persons with Disabilities, thereby creating a regional rehabilitation center under the support of a local public body. At present, a group of INRPAC patients' families has been working on the plan

to establish a regional rehabilitation system under the guidance of the staff of INRPAC.

4. Study, research and evaluation
(1) Participation of persons with disabilities in international cooperation projects (Phase I and II)
A research study was conducted on the "participation of persons with disabilities in international cooperation projects" in Japan and developing countries during the period of 1995~1996 to enhance "the participation of persons with disabilities further in ODA projects" from their perspective in the future and suggestions were summed up into a proposal.
(1) Significance of the participation of persons with disabilities
(2) Needs for assistance in the developing country and willingness for cooperation among persons with disabilities in Japan
(3) Possibility of participation of persons with disabilities
(4) Directions for participation
(5) Priority areas for the participation of persons with disabilities
(6) Measures to promote the participation primarily in the priority areas
(7) Points to be noted
There are critical needs for assistance in developing countries. Thus, it was discovered that it would be meaningful for persons with disabilities in Japan to participate in cooperation in the area of welfare for disability.
Priority areas for the participation of persons with disabilities and measures to enhance their participation are listed below:
Priority areas
1) Measures for awareness-raising and public relations as to persons with disabilities
2) Cooperation for establishing accessibility to modes of communications, movement, and information
3) Cooperation for exchange, collection and use of information
4) Cooperation for expanding employment opportunities for persons with disabilities
5) Cooperation for forming and managing organizations of persons with disabilities in developing countries
6) Cooperation for sports, recreation and cultural activities for persons with disabilities
7) Cooperation for the introduction and application of welfare equipment
8) Others

Measures to promote their participation primarily in the priority areas
1) Measures to expand cooperation projects for persons with disabilities in developing countries and policy for the basic principles
2) Establishment of an integrated system to coordinate cooperation in the area of disability welfare provided by ODA executing agencies
3) Creating a better understanding of the staff working for ODA-related organizations about persons with disabilities
4) Development of basic information concerning persons with disabilities in developing countries
5) Forming an advisor group on cooperation for persons with disabilities in developing countries
6) Building an information exchange system concerning cooperation projects for persons with disabilities in developing countries
7) Implementing the on-going projects in consideration for the participation of persons with disabilities

(2) Review Committee on Disabled People's Welfare
In response to the proposal for Phase I and II, the "Review Committee on Disabled People's Welfare" was established consisting of members from relevant project departments with the aim of formulating a specific basic policy and an action plan towards the expansion of assistance projects for persons with disabilities. For one year from 1998, it looked into the issue and set the JICA's long-term objective in the basic policy as "promoting the full participation and equality in international cooperation." The policy laid out a medium-term action plan and a short-term action

plan including the issues to address in order to attain the objective as follows.

Medium-term action plan
1) Development of a system to expedite participation of Japanese people with disabilities in international cooperation
2) Implementation of assistance projects for persons with disabilities in developing countries
3) Assistance for the cooperation projects carried out by organizations of persons with disabilities
4) Development of basic information for persons with disabilities in developing countries
5) Promoting the recipient country's government's understanding about accepting cooperation

Short-term action plan
1) Development of an information network
2) Development of an advisory and assistance system to JICA's projects
3) Promoting understanding of stakeholders in international cooperation in Japan and increasing JICA staff's awareness

It was decided that a pilot project (or program) would be implemented in the Asian and Pacific region with emphasis on empowering persons with disabilities in parallel with building a project implementation system based on the short-term action plan.

3) Evaluation of specific themes: Assistance for persons with disabilities in Thailand

JICA evaluated its past cooperation in August 1999, from the perspective of "achieving the full participation and equality of persons with disabilities in society." At the same time, it was evaluated with the aim of drawing on the lessons to be learned and suggestions concerning improving the cooperation in the future and to use such information towards attaining its goal. According to the overall evaluation, the project greatly contributed to the areas of education, medical care services, vocational and social rehabilitation and to the development of infrastructure to attain the participation and equality of persons with disabilities in society. The following three points have been confirmed as directions for cooperation:

(1) The Thai government has been improving its system of assistance for persons with disabilities towards achieving the full participation and equality of persons with disabilities in society in tune with the international trends.
(2) In order to accomplish the full participation and equality of persons with disabilities in society, activities by groups of persons with disabilities and NGOs are important as well as the governments. Moreover, it is essential to get the whole society involved in this issue.
(3) The central government has basic personnel, facilities and financial resources to a certain degree.

Multi-sectoral lessons to be learned are described below as to project formulation and implementation.
(1) Environmental development towards the active participation and equality of persons with disabilities in cooperation
(2) Consideration for persons with disabilities in cooperation
(3) Partnerships with NGOs

In order to extend cooperation to meet the needs of persons with disabilities efficiently, JICA needs to request the active participation of persons with disabilities from Japan and Thailand in every process of the project cycle, that is, project formulation, implementation/monitoring, and evaluation. At the same time, JICA should create an encouraging environment for the participation of persons with disabilities. It is also necessary to incorporate considerations for access of persons with disabilities to many aspects of social and economic activities. An important issue is how to make an effective use of the current level of cooperation. Hence, it is essential to utilize know-how held by good NGOs through forming partnerships with them as much as possible.

5. Japanese ODA loans (cases in which persons with disabilities are taken into account)
(1) Traffic congestion alleviation project in Metro Manila I ~ III (Approval year: 1995, 1996

and 1998)

The urban transport in Metro Manila is heavily depended upon roads as its primary mode of transportation. With economic recovery since the 1990s, the city had been faced with the problem of chronic traffic congestion due to an ever-increasing number of vehicles. As a result, the air population worsened and caused a colossal amount of economic losses. In order to solve this problem, the Japanese government was requested to assist with the construction of a network of light rail transit system, a mode of mass public transport. In response to the request, it was decided to construct with ODA loans a second line of the light rail transit system that would connect the heart of the city from east to west with the suburbs where populations had been mushrooming to reduce the congested urban traffic in Metro Manila, which had heavily depended upon road transportation.

The system was designed with considerations for persons with disabilities such as the installation of the elevators, wheelchair ramps, Braille-points tiles and toilets for persons with disabilities at stations and spaces for wheelchairs in the train.

(2) Second Bangkok International Airport Development Project I ~ VII (Approval year: 1996~ 2005)

To meet a growing demand for air transport in Thailand with its economic growth, the project was implemented to construct a new airport at the Non Ngu Hao district, about 30 km to the east of Bangkok, with the capacity of handling a maximum capacity of approximately 4.5 million potential passengers per year, thereby greatly increasing the number of potential passengers in a year in the Bangkok Metropolis. The passenger terminals were designed as barrier-free such as installing wheelchair ramps that allow access to gates, restaurants, and observatory, elevators for persons with disabilities, preparing wheelchairs to be used at the airport, and assignment of assistants.

6. Grant aid

(1) Asia-Pacific Development Center on Disability (APCD) Project (2003 ~ 2004)

A number of persons with disabilities in Asia and the Pacific are deprived of the opportunity to participate in society in areas such as education and employment. The Royal Thai Government planned to construct "the Asia-Pacific Development Center on Disability" with the aims of strengthening partnerships among relevant organizations, developing human resources, and providing information to promote the empowerment and social participation of persons with disabilities in countries in the Asian and Pacific region. The Thai Government requested a technical cooperation project {stated above in 3 (1)}, third-country training, and grant aid from Japan. In response to the request, the Japanese government provided grant aid (amounting to 538 million yen in total) for the construction of the facilities and necessary equipment for its activities (computers, AV equipment, and a bus equipped with a lift).

(2) Project for the Chinese Rehabilitation Research Center for Persons with Physical Disabilities (1985 ~ 1988)

In China modern and comprehensive medical rehabilitation care was hardly practiced in the 1980s. With an increasing number of persons with disabilities in proportion to the development of industries and transportation and, with it, a growing demand for social rehabilitation, in 1984 the "Foundation for Disabled People's Welfare" (the former organization of the Alliance of Persons with Disabilities) was founded for providing services to persons with disabilities. The Foundation decided to construct "the Chinese Rehabilitation and Research Institute for Persons with Physical Disabilities," which was the first organization in China that provided modern rehabilitation. The Japanese government provided grant aid (amounting to 3.38 billion yen in total) for materials and equipment for construction, medical equipment and supplies, consultant services concerning such equipment, designing, and managerial operations.

Appendix 2: Activities to assist persons with disabilities by main donors, international organizations, and NGOs

1. International organizations

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

As one of the regional commissions of the United Nations, ESCAP addresses the issue of disability from the perspective of regional socioeconomic development. In 1954 Japan became its member state. Since the adoption of the resolution on "the Asian-Pacific Decade of Disabled Persons" (1993~2002), the implementation of assistance projects for persons with disabilities has been identified as one of the priority issues of ESCAP. ESCAP had the Regional Interagency Committee for Asia and the Pacific (RICAP) that took the leading role in dealing with problems concerning disability in Asia and the Pacific, which was reorganized to establish the Thematic Working Group on Disability-related Concerns (TWGDC). It is a regional organization, in which UN, NGOs and governments participate, insists on collaborative activities from a variety of areas involving persons with disabilities in the important parts of all development policies, programs and projects. It also promotes the formulation of policies and laws to protect the human rights of persons with disabilities, and fulfills the key role in promoting "the Asian-Pacific Decade of Disabled Persons." The General Assembly held in May 2002 adopted the resolution to extend "the Asian-Pacific Decade of Disabled Persons" for another decade in order to break up the vicious circle between poverty and disability.

(2) UN Economic and Social Commission for West Asia (ESCWA)

ESCWA is one of the regional commissions in charge of the Arab region. It takes measures for disability in the areas of social development and human development. It receives financial support from the UN and AGFAND (i.e. aid organization) and cooperation from NGOs to implement CBR projects and establish the Computer Training Center for persons with visual impairments. ESCWA adopted the resolution to proclaim the period from 2003 to 2012 to be the Arab Decade of Disabled Persons.

(3) World Bank (WB)

The World Bank takes a stand that persons with disabilities are the poorest among the poor and includes the disability problem in the poverty reduction program in line with the Millennium Development Goals. Its "disability and development" section emphasizes the importance of integrating the viewpoint of persons with disability in the planning stage of various development projects implemented by WB and facilitates mainstreaming the disability problem. WB attaches importance to partnerships and implements many projects for social development, education and rehabilitation, for instance, jointly with government organizations and NGOs. In cooperation with the Asian Development Bank and the Inter-American Development Bank, it gathers data on disability to understand the correlation between disability and poverty, thereby developing a database. In June 2002 an officer in charge of the disability problem was assigned to expedite the measures more seriously.

(4) Asian Development Bank (ADB)

ADB has been investing a great deal of effort in its measures to address disability issues with the perception that persons with disabilities form an important part of the target population of poverty reduction projects in Asia and the Pacific. It discusses the problems related to disability and development in its Social Protection Strategy. It argues that people are deprived of the opportunities for education and employment and given limited access to information due to their disabilities, and ADB proposes that assistance for persons with disabilities should be rendered from the four spheres, "inclusion," "participation," "access," and "quality," so that they are able to live with dignity without being economically and socially excluded or marginalized. As the phrase "Nothing about us without us" indicates, it encourages persons with disabilities to participate from the planning stage to make sure that a project will not be implemented without participation of persons with disabilities.

(5) Inter-American Development Bank (IDB)

IDB was the first bank among regional banks to pay attention to the disability problem. It incorporates the disability problem into poverty reduction projects in the Latin American region. It focuses on education and employment of persons with disabilities based on development and integration from the framework of social development. It also tries to compile information on disability.

(6) International Labour Organization (ILO)

It confronts the problems concerning persons with disabilities from the standpoints of labor and social problems. The principle underlying its activities up to the 1970s was that persons with disabilities needed to be protected by segregating them from regular schools and employment as could be seen in the establishment of vocational rehabilitation facilities. However, since the 1980s there was a paradigm shift to the idea of equal opportunities, and ILO fostered the ideas of expanding the opportunities to employ persons with disabilities on the open market and eliminating gender disparities between men with disabilities and women with disabilities. The principle underlying its current activities has shifted to the notion that persons with disabilities should be integrated into society through vocational rehabilitation so that they will work together with persons without disabilities, instead of protecting them by institutionalization as had been done in earlier days. At present, ILO implements specific assistance programs in developing countries such as establishing community-based vocational rehabilitation programs.

※Relevant legislation
ILO Vocational Rehabilitation and Employment (Disabled Persons) Convention (No. 159)
ILO Vocation Rehabilitation and Employment (Disabled Persons) Recommendation (No. 168)

(7) United Nations Educational, Scientific and Cultural Organization (UNESCO)

UNESCO takes measures for persons with disabilities from an educational viewpoint. In 1990 "the World Conference on Education for All" was held in Jomtien, Thailand. Since then, it has been expediting measures towards achieving the goal of universal primary education in which each and every person from all social classes around the world is be given the opportunity to receive a basic level of education by 2000. Based on this framework, in "the World Conference on Special Needs Education" held at Salamanca in Spain in 1994, the policies on special education, curriculum, education training, and roles of communities were discussed under the theme of access to and quality of special needs education. "The Salamanca Statement" and "the Framework for Action" were adopted. The Statement affirms that every child has a fundamental right to education and makes mention of the way in which education systems should be able to accommodate children, youths and adults who have special educational needs. It specifically states that education systems should be redesigned towards inclusive education so that regular schools will be able to accommodate children with diverse needs including children with disabilities by taking into account special educational needs. Currently, in the activities of UNESCO concerning education for persons with disabilities, it recommends that top priority be given to increased opportunities for basic education for those who have been deprived of an adequate opportunity to receive education such as children and youths with disabilities in order to expedite the goal of education for all.

(8) United Nations Children's Fund (UNICEF)

UNICEF tackles problems as to persons with disabilities from the viewpoint of children's protection. It has been carrying on its activities to protect the child's rights to survival and development for the child in need of special protection under a variety of difficult circumstances. Article 23 in the Convention on the Rights of the Child provides that the child with any form of disability has the right to live "in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community" and the child has the right to "receive education, health care services, sports and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development."

UNICEF implements a wide range of programs in the areas of prevention of disability, its early detection, rehabilitation, and education in many countries in partnership with such international organizations as WHO, UNESCO and ILO, and NGOs. It also renders assistance

for regional development, improvements in the programs for children with disabilities including their families, and program to address physical and mental trauma caused by conflict.

(9) World Health Organization (WHO)

WHO addresses the issues as to persons with disabilities from a health and medical perspective. The WHO General Assembly held in May 2001 adopted the International Classification of Functioning, Disability and Health (ICF)[33]. One of its objectives is to enable persons with disabilities, their families, and people who are involved in a broad range of areas such as health, medical care, welfare and education will be able to share a common understanding of disability and form partnerships. WHO developed CBR in the late 1970s. It has been an important project for many years that has been implemented to achieve the goals of equal opportunities for and inclusion of persons with disabilities in the community. After an international review conducted in 2004, WHO with UNESCO and ILO published the Joint Position Paper "CBR: A Strategy for Rehabilitation, Equalization of Opportunities, Poverty Reduction and Social Inclusion of People with Disabilities." In fiscal 2007 JICA and WHO signed a partnership agreement to confirm the promotion of their collaboration and cooperation (in particular, in CBR, medical rehabilitation, and World Report on Disability and Rehabilitation) in the area of assistance for persons with disabilities.

(10) United National Food Agricultural Organization (FAO)

FAO promotes measures for persons with disabilities within the framework of agricultural development assistance. Based on the perception that disability is also caused by poverty and hunger, it implements development programs for persons with disabilities living in rural areas with the objectives of increasing food production, improving nutrition and enhancing inclusion in the community. More specifically, since 1999 it has been providing training on mushroom cultivation, in cooperation with the Public Welfare Bureau in Thailand, so that persons with disabilities in rural areas will be able to establish self-reliant living. This program has spread to the neighboring countries in Asia. In Cambodia it implements the "Integrated Pest Management Program" jointly with Handicap International for persons with disabilities so that they will have access to information without being neglected in society. Also, since 1974 it has been carrying on its activities to eradicate Onchocerciasis that causes a visual disorder by a parasite in the West African region.

2. Bilateral aid organizations

(1) Sweden (Swedish International Development Cooperation Agency :Sida)

The efforts made by Sida of Sweden, out of all bilateral aid organizations, in its international cooperation activities, particularly in assistance for persons with disabilities, have been in the limelight from stakeholders around the world including Japan. Sida has been implementing development cooperation programs that support organizations of persons with disabilities in developing countries through the Swedish Organization of Handicapped International Aid Association (SHIA), an NGO comprised of organizations of persons with disabilities founded in 1981. Swedish cooperation[34] through SHIA has had an extensive impact on assistance for persons with disabilities in developing countries. International organizations and bilateral aid organizations highly praised its contribution.

(2) Denmark

Denmark, the birthplace of the notion of normalization, has been a well-established international leading donor in the area of assistance for persons with disabilities in developing countries. In the 1990s under the influence of the trend in other North European countries and an international paradigm shift as to "disability," Denmark adopted a new principle that it would provide assistance for persons with disabilities in developing countries by incorporating more

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[33] ICF is discussed in details in Appendix 14.
[34] Swedish International Development Authority (SIDA) was established in 1965 as an executive organ to provide government's developmental assistance and an independent organization separated from the Ministry of Foreign Affairs. With the reorganization of SIDA in 1995, the name was changed to Sida.

Swedish disability-related NGOs. Under the new principle, it has focused on the rights of persons with disabilities, thereby highlighting the necessity of their social integration and the importance of placing a disability viewpoint at the core in the process of development. This attitude contrasts strikingly with the conventional attitude in which persons with disabilities were segregated from general society as the targets of welfare that were eligible to receive special services.

Denmark's assistance for persons with disabilities through Danida (Danish International Development Activities – the name generally used to mean the country's development assistance) is rendered primarily through the Danish Council of Organisations of Disabled People (DSI) consisting of organizations of persons with disabilities in Denmark of which form is identical to that of Sweden. One feature of Denmark's cooperation is that it is provided to organizations of persons with disabilities in developing countries through DSI, the organization of persons with disabilities. That is, Denmark attaches importance to working in collaboration among organizations of persons with disabilities. Danida believes that a synergistic effect yielded by collaboration with other donors (international organizations and bilateral aid organizations) and NGOs is indeed valuable.

(3) Finland

The government of Finland recognizes that promotion of the rights and equal opportunities of persons with disabilities constitute two essential axes of the human rights policy of Finland. Based on this principle, the government of Finland regards assistance for persons with disabilities to be a priority area in the development assistance by the government of Finland. It also deems that it is important to mainstream the disability problem in the action plans for MDGs and the Poverty Reduction Strategy Paper (PRSP). From 2002 to 2003, efforts in assistance for persons with disabilities in the development assistance by the government of Finland were evaluated.

(4) Canada (Canadian International Development Agency: CIDA)

CIDA has been supporting sustainable development in developing countries to reduce poverty and contribute to greater safety, equality and prosperity in the world. It carries out its assistance activities in cooperation with developing countries, organizations in Canada, industries, international organizations, aid organizations and NGOs. It addresses problems as to persons with disabilities in various cooperation projects in the areas of health and basic education, which are priority areas, and peace-building. To cite a few examples, it gave assistance to the establishment of a center for promoting an integrated education system in India; it provides financial aid to the CBR project in Slovakia through the International Center for the Advancement of Community Based Rehabilitation (ICACBR), an international organization in Canada. Likewise, Japan and Canada began an ODA partnership in about 1985. A JICA-CIDA partnership project has been ongoing in the area of assistance for persons with disabilities. More specifically, to assist landmine victims in Bosnia-Herzegovina with their rehabilitation, JICA refurbishes 17 CBR centers, provides equipment for physiotherapy, and dispatches short-term experts, whereas CIDA implements a project to develop the rehabilitation staff.

3. International NGOs

(1) Disabled People's International (DPI)

Inspired by the International Year of Disabled Persons, DPI was formed in 1981 as a self-help group of persons with disabilities in order to carry out activities with their own voices beyond the type of disability. In particular, under the motto "Our Voices (or Vox Nostra)" it has been very active as a human rights organization of persons with disabilities. At present, it has member groups from more than 150 countries. It has its world's headquarters in Winnipeg, Canada. In the DPI Sapporo Conference Ms. Venus Ilagan from Philippines was elected as the world's chair. DPI has a positive influence in the UN Economic and Social Council, WHO and ILO.

JICA has been supporting the DPI seminar held in Asia and Africa since 1986. The objective of the seminar is to develop leaders of persons with disabilities and it is held as third-country training in a different country every year.
(http://www.dpi.org/)

(2) Rehabilitation International (RI)

   The group was founded in 1922 as an international group with the aim of advocating the prevention of disability, rehabilitation and the rights of persons with disability. Approximately 200 groups are its members consisting of 100 countries and regions. It facilitates and enhances exchanges with professionals in rehabilitation and persons with disabilities themselves. Besides, it gives consultative services, when asked, to the UN by expressing its opinions as to the issues of persons with disabilities. It has its headquarters in New York, and Lex Frieden of the U.S.A. serves as its President. The Japanese Association of Rehabilitation for Persons with Disabilities (JARM) acts as the contact of RI in Japan. Commissioned by JICA, the Association holds the two training courses "Rehabilitation of persons with disabilities – vocational rehabilitation and workshop management" and "Leader of persons with disabilities." In 1991 it established the Action Network for rehabilitation-related people, primarily participants in the JICA's training courses to promote friendships and information exchanges.
(http://www.rehab-international.org/)

(3) World Federation of the Deaf (WFD)

   The WFD was founded in Rome, Italy in 1951. It is an organization of deaf people that represents the groups of the deaf in 123 nations around the world. Its legal seat is in Helsinki, Finland. It makes an appeal to the government of each country concerning the legal recognition of sign language, development of information and communications security system, and development of an education system for the deaf that uses sign language.

   Based on the two guidelines "WFD Work in Developing Countries" and "the WFD Policy for the Work Done by Member Organizations in Developing Countries," organizations from several countries including the Swedish National Association of the Deaf, the Finnish Association of the Deaf and the Japanese Federation of the Deaf have been implementing international support projects. As a member of the International Disability Alliance, it has Consultative Status in various UN organizations.
(http://www.wfdnews.org/)

(4) World Blind Union (WBU)

   In 1984 the WBU was founded through the union of the International Federation of the Deaf (IFD) and the World Council for the Welfare of the Blind. It is composed of 600 member groups from 158 countries representing 180 million people with visual impairments. It has its headquarters in Madrid, Spain. Kicki Nordstorm of Sweden serves as President. It has Consultative Status in the United Nations. The WBU aims to "promote prevention and treatment of blindness" "advance well-being" and "provide an international forum for the exchange of knowledge and experience" to protect the fundamental human rights and personal dignity of each person with visual impairment in all countries. It has also been advocating to guaranteeing the right to receive education of persons with disabilities together with UNESCO and WHO. It also takes action against discrimination against women with disabilities.
(http://umc.once.es/)

(5) Inclusion International

   Inclusion International is a network of families, supporters and friends. Its activities focus on improving the lives of 60 million people with intellectual disabilities around the world. The International League of Societies for Persons with Mental Handicap (ILSMH) was organized as a group of the parents of persons with intellectual disabilities with the aim of protecting the rights of persons with intellectual disabilities and their families in 1960. It was renamed as Inclusion International in 1995 to clearly state the attitudes of its members who will continue to move forward in pursuit of creating harmonious and inclusive societies with their civil rights fully ensured through family support and self-determination. Don Willis of New Zealand assumed the office of President and it has its headquarters in France. It has approximately 200 member groups from 115 nations. It works with the UN organizations, each country's government organizations and NGOs to influence policy-making at international, national and local levels so that persons with intellectual disabilities are taken into account in various policies. In recent years, it has been facilitating the activities carried out only by persons with disabilities. For instance,

prior to the World Congress held in 1998, it held a preparatory meeting in which only persons with intellectual disabilities participated.
(http://www.inclusion-international.org/)

(6) World Federation of the DeafBlind (WFDB)

WFDB was formed in October 2001. It was organized to promote economy, education and social welfare for all deaf-blind people around the world. It also strives to raise the assertiveness of the individual deaf and blind person. Its headquarters are in Sweden, and Stig Ohlson serves as its President. At present, the federations of the deaf-blind in many countries are making preparations to join WFDB. It advocates the realization of the self-reliance and social participation of deaf-blind persons who are faced with many restraints in the modes of communications, access to information, and freedom of movement.
(http://www.wfdb.org/)

(7) World Network of Users and Survivors of Psychiatry (WNUSP)

WNUSP was founded in 1991 as the World Federation of Psychiatric Users (WFPU) (with Mary O'Hagan as the first chair). In 1997 it was reorganized as the present organization. It has its headquarters in Denmark. Currently it is temporarily operated by nine members. A user or survivor of psychiatry (hereinafter referred to as "user or survivor") is a person who has experienced mental health problems and/or has used psychiatry / mental health services. As an international organization, it works to advocate the voices of people who have psychiatric problems and for promoting their rights. It exchanges information with organizations related to mental disorders around the world. In addition, it is working on networking amongst individuals. To advocate "freedom from forced psychiatric interventions," it is formulating a manual on the rights and on the protection of persons with mental disorders.
(http://www.wnusp.net/)

(8) Asia and Pacific Disability Forum (APDF)

APDF was formed as an organization to succeed to the Regional NGO Network (RNN) in "the Asian-Pacific Decade of Disabled Persons: Osaka Forum," to move forward towards a new decade. "The Osaka Declaration on Partnerships for Disability Rights" calls for support for APDF from the government of each country. APDF plans to strengthen RNN, reinforce the linkage with domestic disability-related NGOs, international disability-related groups and government organizations of each country in the Asian and Pacific region, invite many other groups to join APDF, and continue to carry on its activities to promote the next decade further. It is expected that APDF will work for the common objectives within the region by exchanging information and experience through campaign meetings.

Appendix 3: Basic check items
(Assistance for persons with disabilities)

The following list sums up representative indicators and data items in order to get information on the situation concerning assistance for persons with disabilities in the target countries of cooperation. The statistics have not been arranged according to the nation and the region. Hence, there may be some cases in which items cannot be confirmed. However, it is recommended that you attempt to collect the following information as much as possible.

JICA has compiled these items as the "Country Profile on Disability" at the JICA Knowledge Site[35] for public use (as of the end of 2009, released for 37 countries). As for the countries in the Asian and Pacific region, the Country Profile of each nation is available at the homepage of the Asia-Pacific Development Center on Disability (APCD) [36].

The check items listed here give you a brief overview of the situation of persons with disabilities and assistance for persons with disabilities in the country that becomes the target of cooperation. You need to check each item in more details when an individual cooperation project is implemented.

	Check item/indicator	Unit	Method to calculate or grasp	Objectives/Remarks
			General information	
0	Basic social and economic indictors	-	UNDP human development indicators, UNICEF statistics, etc.	It is necessary to know the population, GNI per capita, mortality rate of pregnant women, school enrollment rate, absolute poverty line, and unemployment rate.
		Definition/type of the person with disability, and statistics		
1	Definition of the person with disability and type of disability			The number of disabled people of each nation is obtained from the population census, the sample survey, or administrative statistics (the registered number of disabled persons). However, there are many developing countries that do not have any statistical data on the number of disabled people. Even if countries have such data, there are cases in which survey data are old or only limited data, for instance, excluding data on disabled women. Additionally, it is difficult to compare statistics with those of other countries because the definitions and standards of disability to judge that a person is "disabled" are different from one country to another, and also due to the fact that the survey itself may be flawed. Hence, it is necessary when using the statistics to keep these problems in mind.
2	Populations of disabled persons by disability and by age based on the population census or other statistical surveys on disabled persons	Person %		
3	Presence/absence of statistical survey based ICF of WHO			
		Public administration and laws/ordinances related to disability		
4	Roles/functions of disability-related administrative organizations		Organizational table/chart of the ministry, section in charge of assistance for	The ministry/agency authorized by the government and its scope of responsibilities are different. In many developing countries, a system of the section in charge of assistance for

[35] JICA Knowledge Site "Country Profile on Disability": http://gwweb.jica.go.jp/km/km_frame.nsf
[36] APCD homepage "Country Profile": http://www.apcdproject.org/countryprofile/

			disabled persons and its work, and staff size (the number of personnel)	persons with disabilities is fragile. Hence, it is important to grasp the actual personnel makeup.
5	Descriptions related to persons with disabilities in the constitution		Constitution of each country	Whether or not the basic rights as to disability are included in the constitution; Legal basis for the system of assistance for persons with disabilities
6	Developmental situation of major laws related to disabled persons		Domestic laws	Individual laws, ordinances, regulations, and orders
7	National plan and sector-based policy related to disabled persons			Principally, the basic policy and priority areas that are valid for a period of five years or more are cited.
8	Action for the international conventions			Confirm whether the country in question has signed or ratified an international convention such as the "International Convention on the Rights of Persons with Disabilities" because the country's future measures for assistance for persons with disabilities will be influenced.
9	Budgets and costs by project for the measures for assistance for disabled persons	US dollars		You need to have data independent from the budget allocated by the country in question and for the budget allocated by international organizations or NGOs. It is necessary to pay special attention to time-bound budgets which have been injected by an outside source.
Social security for persons with disabilities				
10	Pension system for disabled persons			Note that whether or not there are various welfare security systems for persons with disabilities they may differ depending upon the cause of disability.
11	Health/medical insurance system for disabled persons			
12	Income guarantee system such as livelihood assistance for disabled people			
Welfare services for persons with disabilities				
13	Welfare system and services for disabled persons			Including the development and dissemination of welfare equipment and information and communications security
14	Type of professions in welfare services for disabled persons and training system			Classification, number, certification system, and type of professional training schools (social worker, certified social worker, and psychiatric social worker, etc.)
15	Raising awareness of people and advocacy			Whether the government vigorously carries out awareness-raising and public relations activities to deepen interest in/understanding of disability and persons with disabilities among its people (for instance, setting "the week of disabled persons" or holding various events, etc.)

16	The number of residential/non-residential facilities for disabled persons			
17	Elimination of barriers and application of universal designs			Confirm whether there are laws or domestic construction standards on the elimination of physical barriers and application of universal designs. It is difficult to obtain objective data to measure the degree of such issues. However, confirm at least whether major public facilities and public transport systems have been built with considerations for disabled persons. It is also necessary to grasp the barrier-free conditions in the aspect of information security such as materials in Braille for persons with visual impairment and sign language interpretation for persons with hearing impairment.
Medical rehabilitation				
18	Requirements for medical facilities that provide medical rehabilitation services			Obtain knowledge about the level of medical care services and necessary types of professions
19	Types of professions involved in medical rehabilitation services and their training system			Get data on the classification, number, certification system and type of training schools of professions (physiotherapist, occupational therapist, speech therapist, clinical psychologist, orthotist and medical social worker, etc.)
20	The number of medical facilities that provide medical rehabilitation services (Type and public or private)			Confirm also if there is a referral system between medical facilities at each level. It is necessary to confirm the distance as well because a lengthy distance can prevent the poor from visiting the facilities due to difficult access.
Education for children/persons with disabilities (Special needs education)				
21	Situation of school enrollment of disabled children			One of the MDGs states that all persons (including disabled children/persons) will complete the course of primary education without gender disparity by 2015.
22	Certification system of special needs education teachers and qualification requirements			In order to ensure the right to education of children with disabilities, it is necessary to develop professionals in special needs education and provide training to teaching staff.
23	Education at special needs schools (pre-enrollment/primary education/secondary education)			Get data on the education support system by type of disability and life courses after graduation.
24	Special needs education at regular schools (pre-enrollment/primary education/secondary education)			Confirm the education support systems (establishment of special needs classes and specially designed classes, etc.).

25	Education by sign language			Confirm whether sign language has been well established or education is provided in sign language. (There are only a limited number of developing countries where common sign language is used.)
	Employment assistance and vocational training/education for persons with disabilities			
26	Actual state of employment of disabled persons			Employment is one yardstick to measure the degree of social participation of persons with disabilities. However, there are only a few developing countries that have accurate data on the employment rate of and self-employed persons with disabilities.
27	Employment insurance system for disabled persons			
28	Mandatory employment quotas of disabled persons			
29	Systems limited to vocational rehabilitation (vocational training and job introduction, etc.)			
30	Contents of vocational training and assistance systems to vocational training for disabled persons			
31	The number of vocational training or educational schools that accommodate persons with disabilities (by profession and public/private)			
	Community-based rehabilitation (CBR)			
32	Examples of CBR projects			Confirm the implementing organization, the content of activities, and types of services provided.
	Activities by groups related to persons with disabilities			
33	Domestic organizations of disabled persons			In many cases the know-how and information on assistance for persons with disabilities are accumulated, analyzed and utilized by organizations of persons with disabilities. The organization of persons with disabilities takes initiative in the movement to protect the rights of persons with disabilities. Hence, it is essential to know about the major organizations of persons with disabilities.
34	Domestic governmental organizations and non-governmental organizations that provide assistance for disabled persons			Obtain information on the governmental organizations, local organizations and regional organizations that render assistance for persons with disabilities. It is desirable that you acquire data on the organizations (for instance, religious institutions) that fulfills the function of social welfare in each region.

35	Performance of assistance by international organizations and other governmental aid organizations			The services delivered by the governments are not adequate in developing countries. Hence, the developing country tends to be heavily reliant upon the government's aid organizations of other countries, international aid organizations and international NGOs. Get information on the disability-related programs/projects implemented by these organizations.

Appendix 4: Status quo of persons with disabilities and priority issues by region

The Asian and Pacific region

1. Overview
    It is estimated that the Asian and Pacific region is home to approximately 400 million people with disabilities, two thirds of the population with disabilities (by the statistics of WHO and WB). Disability stems primarily from disease, congenital cause, accident (traffic, labor and home), conflict, natural disaster and malnutrition. In Asia and the Pacific, there are persons with disabilities who have been actively advocating for bringing about changes to society, whereas an overwhelming majority of persons with disability are still deprived of their basic human rights, for instance, education and employment, and also other social and economic opportunities. They account for about 20% of the poorest group of population. Merely 10% of children with disabilities receive education in the Asian and Pacific region (ESCAP: 2002). ESCAP has been promoting "the Asian-Pacific Decade of Disabled Persons," the second phase since 1993.

2. Asia-Pacific Decade of Disabled Persons
    The Asian-Pacific Decade of Disabled Persons was initially set for the period from 1993 to 2002. It was decided, however, in the UN ESCAP General Assembly to extend it to 2012. The second phase of the Decade would focus on the issues that did not progress adequately with sluggish measures during the first Decade. The framework identifies the following seven priority issues that calls for action: "(1) self-help organizations of persons with disabilities and related family and parent associations, (2) women with disabilities, (3) early detection, early intervention and education, (4) training and employment including self-employment, (5) access to built environments and public transport, (6) access to information and communications, (7) poverty alleviation through capacity-building, social security and sustainable livelihood programmes."

3. Priority areas in the JICA's region-specific project operation policies
    The three priority areas identified by the Region-specific Guideline for Southeast Asia are: (1) assistance for regional integration, primarily for strengthening international competition and for reducing regional disparities, (2) cooperation for poverty alleviation based on human security, and (3) measures to address cross-border issues
    The issue of assistance for persons with disabilities is specifically argued in issue ③ Assistance for the socially vulnerable under the above-stated (2) of the Region-specific Guideline. "In the area of assistance for persons with disabilities, the Asian-Pacific Development Center on Disability (APCD) was constructed in Thailand with Japan's cooperation with the aim of promoting empowerment and social participation of persons with disabilities in the Asian and Pacific region. At present, JICA's technical cooperation projects are implemented at the Center to strengthen collaboration with relevant organizations in each country in the region and to develop human resources and share information. The Center will be able to play a key role in providing more effective assistance by facilitating its use by forming strong collaboration with the countries in the region." (An excerpt from the Region-specific Guideline for Southeast Asia)

4. Approach
    Assistance with APCD at the core: The Thai APCD project is a region-wide project for 32 countries in the Asian and Pacific region. It has contributed and given an extensive impact to human resource development and networking as a model project to empower persons with disabilities. In the great majority of the countries in the region, some assistance has been offered to empower persons with disabilities. In recent years, based on the social model of disability (※), a technical cooperation project was formulated and implemented in partnership with APCD. In the future as well, JICA will aim for providing effective cooperation based on the social model of disability with APCD at the core.

※The social model of disability insists that 1) disability is an issue caused by inequality and

discrimination and that 2) social participation should not be predicated on the functional recovery of the person. Based on the principles, assistance is provided to improve and expand the institutions and projects that directly support the social participation of persons with disabilities.

The Middle and Near East region

1. Overview

In the Middle and Near East region, there are some oil-rich countries that are economically privileged, whereas there are conflict-infested regions for various reasons including ethnicity, region and politics. As a whole, the region has such social issues as non-transparent governance, an immature democracy and gender disparities. As for the statistics on persons with disabilities, the 2003 UNESCWA report estimates that persons with disabilities account for 4% of the total population of the Great Arab League as defined by the League of Arab States, but probably a much higher percent in the 13 countries of the Arab region by a narrow definition under the jurisdiction of UNESCWA. On the other hand, it is estimated that, in all likelihood, the actual number of persons with disparities is much higher than the statistics due to multiple reasons: an increasing number of persons with disabilities in war, an increasing number of victims in post-war confusion, poverty, a low social status of women, and a consequential lack of preventive measures and early intervention in disability.

Persons with disabilities are deprived of the opportunity to participate in society and left behind in social development, thus forming a group of people that are cruelly alienated from society. The greater majority of persons with disabilities do not have access to public services. (For example, it is reported that in Egypt and in Syria only about one percent and 2.4% respectively of total persons with disabilities are able to receive some services from the government or NGOs.) Approximately 5% of children with disabilities in the Arab region are given the opportunity to receive education. Persons with disabilities suffer not only from their limited physical functions but also from social labeling of "the disabled" as a target of prejudice and discrimination. In particular, women with disabilities are also exposed to gender discrimination, thereby being forced to experience dual discrimination.

The causes of disability primarily include poverty (problems of malnutrition and vaccination), consanguineous marriage, accident and conflict. To cite some causes from a gender viewpoint, they include the immaturity and deficiency of maternal and child health care, as a related issue, the absence of early detection of and early intervention in disability, poor physical infrastructure, and inadequate training of post-operation or post-disease basic rehabilitation.

2. Arab Decade of Disabled Persons

The Arab Summit held in May 2004 officially adopted "the Arab Decade of Disabled Persons." The next twelve issues are selected as priority issues for the Arab Decade, (1) legislation, (2) health, (3) education, (4) rehabilitation and employment, (5) physical accessibility, (6) disabled children, (7) disabled women, (8) disability and ageing, (9) the media and disability, (10) poverty and globalization, (11) sports and recreation, and (12) monitoring and implementation. The ultimate goal is to protect the rights of persons with disabilities in the Arab region. The guideline states that: (1) the Arab Decade shall be promoted and a special group will be formed to monitor activities, (2) each Arab state shall formulate a domestic "decade of disabled persons" (and its guideline) in consideration for the country's situation and development, (3) regional activities in the Arab region should be linked with the world's activities, and (4) Arab states provide financial aid to the activities to promote the decade.

3. Disability issues in the JICA's region-specific project operation policies and country-specific project implementation plan

The region-specific project operation policies for the Middle Arab region assign top priority to peace-building in Afghanistan, Palestine and Iraq with the aim of bringing peace and stability to the Middle Arab region. As for the East Arab States (excluding Palestine and Iraq), the stable economic growth of these states and the solution of their development problems are connected with political stability and public welfare, thereby directly or indirectly influencing peace in the Middle East region. Thus, cooperation will be continued as before. Assistance for persons with

disabilities is spelled out in the "Social Service Expansion and Disparity Reduction" Program that has been implemented as a priority program in the three East Arab States, namely, Egypt, Jordan and Syria.

4. Approach

Strengthening community-based assistance for persons with disabilities: assistance for empowering persons with disabilities has been rendered as CBR, vocational training, rehabilitation, and leadership training of persons with disabilities mainly around Egypt, Jordan, and Syria. In the future, it is recommended to expand the scope of activities; direct assistance to organizations (self-help groups) of persons with disabilities through training in Japan and third-country training; assistance for independent living; and assistance for job creation; and development of attendants necessary for independence through JOCV activities, etc.; introduction of peer counseling; use of ICT information processing technology; and introduction of sport activities for women with disabilities. When such activities for empowerment are carried out, it is essential to make sure that people in great need such as women with disabilities and persons with intellectual disabilities or mental disorders are taken into account.

African Region

1. Overview

The entire region of Africa is home to 81 million persons with disabilities, 80% of whom reportedly live in rural areas. Disabilities are caused chiefly by infectious disease before or after delivery, an unexpected accident at birth, a shortage of nutrition, malnutrition, harmful cultural practice, a paucity of appropriate care to children, civil war, drought, starvation, a lack of early detection/intervention, poor physical infrastructure, and insufficient training of post-operation or post-disease basic rehabilitation.

Only less than 2% of children/persons with disabilities receive school education. Let alone education, they do not have easy access to essential lifelines such as a transportation system and a water source (the place to get water), either. At the same time, prejudice and discrimination are still deeply rooted and the words used to refer to the person with disability often fall under a category of an animal or a lifeless object in many African languages including Swahili and Zulu. Many forms of social discrimination are universally prevalent at school, at home and at marriage, etc.

In some countries people believe that disability is associated with spiritual evil, and persons with disabilities are often put out of public sight. Thus, the unknown causes of disability and inaccurate statistics on disability are attributed partly to the practice that the family keeps a person with disability out of sight.

2. African Decade of Disabled Persons

The African Decade from 1999 to 2009 was declared by the Organization of African Unity (now reorganized as African Unity – AU) as a result of keen advocacy by persons with disabilities who had been inspired by the Asian-Pacific Decade of Disabled Persons. Its primary purpose is to incorporate the issue of (the person with) disability into the government's development strategy, that is, the mainstreaming of the issue of (the person with) disability. Nine issues are identified; (1) poverty alleviation among disabled people and their families, (2) awareness-raising on disability, (3) peace-building and reducing other causes of disability, (4) strengthening of the African voice of disabled people, (5) putting disability on the social, economic and political agenda of African governments, (6) spearheading the implementation of the UN Standard Rules in the African region, (7) application of UN instruments on the Declaration on the Human Rights, (8) address the issues pertaining to children, youths and women with disabilities, (9) using the UN Standard Rules as a basis for policy and legislation to protect the interests of disabled people in Africa.

In November 2008, AU announced that the measures for the Decade would be extended to December 2019. The Windhoek Declaration adopted at the meeting of AU ministers in charge of social development proclaimed that in the 53 AU member countries, continued efforts would be made for the inclusion of persons with disabilities in development.

3. JICA's region-specific project operation policies and country-specific project implementation plan

The JICA's region-specific project operation policies for the African region claim that it is urgently needed to take measures towards "poverty reduction" in the African region. JICA plans to extend its cooperation based on the Poverty Reduction Strategy Paper of each country under the principles of the TICAD framework. The countries within the region are classified into the three categories: (1) a state where its governance has been evidently improved, (2) a state where the government is fragile (post-conflict state), and (3) an in-between state (that is, stable but necessary to take measures to strengthen the state administrative organizations). JICA will render its assistance as is necessary for sustainable economic growth to the category (1) and focus its assistance on the social sector in the categories of (2) and (3). The five priority issues include (1) social development, (2) agricultural and rural development, (3) economic development, (4) governance improvement, and (5) measures to address global issues. However, assistance for persons with disabilities is not included in any of these issues.

4. Approach

The issue of mainstreaming disability in development poses a challenge common to the entire African region.

(a) Mainstreaming persons with disabilities

Among people who suffer from discrimination, inequality and poverty, it is the person with disability that suffers most gravely from deprivation of the opportunity to participate in society, marginalization in society, and being left behind the most from social development. The goal of development assistance cannot be attained without addressing the problems concerning disability. Hence, it is critically important to mainstream the disability issue in all development projects. Some specific ideas and projects are:

・ eliminate barriers and apply universal designs in physical facilities in post-conflict reconstruction and development, infrastructure development project and when school, health centers, and hospitals are constructed
・ include prevention and early detection of disability in human resource development curriculum in the area of health and medical care
・ incorporate lectures and practical training as to rehabilitation services in the region such as CBR
・ include persons with disabilities as beneficiaries of the poverty reduction project, HIV/AIDS control measures project, microcredit project, livelihood improvement assistance project
・ include disabled persons as participants in vocational training projects,
・ include persons with disabilities as beneficiaries or project implementers in the regional development project

(b) Empowerment of persons with disabilities

JICA has rendered its assistance for empowering persons with disabilities through training and volunteer projects. In the future, these projects will be continued.

※As a way to support the African Decade of Disabled Persons, JICA implements a region-specific training course "Mainstreaming and Empowerment of Persons with Disabilities in Southern Africa" (2002-2007) and its later course "Mainstreaming and Empowerment of Persons with Disabilities in Africa" (2008-2012). Some signs of the course's effect begin to appear gradually as evidenced by the appointment of ex-participants to high level positions in the government.

Central and South American Region

1. Overview

In the Central and South American region, there are many countries that have a comparatively high level of income against the background of affluent mineral resources and food resources. The mean income per capita of this region is $3,580, which is the highest among the

regions of developing countries. However, there are a greater number of countries, compared to other regions, where there is a huge gap within a country between the rich and the poor. Thus, the region contains extreme inequality and localized poverty, thereby compelling the greater majority of persons with disabilities to live in poverty. For that reason, under the guideline of Pan-American Health Organization (PAHO), a variety of measures have been taken within the region as to assistance for persons with disabilities in connection to poverty reduction measures. However, there are still many countries that give higher priority to maternal and child health and malnutrition as domestic issues and have not yet developed sufficient measures and service systems to provide support for persons with disabilities. This is the region to which JICA has provided the second largest amount of assistance in the area of assistance for persons with disabilities only after Asia.

2. Decade of the Americas for the Rights and Dignity of Disabled Persons (2006 ~ 2016)
    In April 2006 the Organization of American States adopted the Decade of the Americas for the Rights and Dignity of Disabled Persons (2006~2016). Its ideas are to move forward steadily but surely towards creating inclusive societies and to give priority to persons with disabilities in the development program and poverty reduction program. Its priority objectives are: (1) to eradicate attitudinal barriers towards persons with disabilities in society, (2) to improve access to health care services on an equal basis, (3) to secure an inclusive education and technical and professional training, (4) full inclusion in employment, (5) to eliminate physical and communications barriers by promoting the use of universal designs, and (6) to ensure the recognition of all civil and political rights so that disabled persons are able to enjoy the benefits of community.

3. JICA's region-specific project operation policies and country-specific project implementation plan
    In the JICA's region-specific project operation policies the Central and American region, JICA classifies the 33 countries in the region into three categories, (1) high- and middle-income country (more-developed country), (2) poor country for which cooperation will be increased in the future, and (3) in-between country excluding the above two categories. Based on the classification, JICA specifies directions for its cooperation for each category. Under the situation in which JICA must cut down its budgets for bilateral cooperation, as regards to the countries under category (1), JICA will allocate its assistance to projects to address the issue of narrowing disparities under the strong ownership of the country in question. In cooperation for the countries under category (2), focus will be placed on the social sector including education and health and medical care with emphasis on human security. Assistance for persons with disabilities can be included in both cases.
    The JICA's Policy identifies "health/medical care and hygiene" as the priority aid area in the Central America/Caribbean region and South America, and states that priority should be given to assistance for persons with disabilities within that framework.

4. Approach
    Utilization of resources in the region: By using the human resources at the National Rehabilitation Center fostered under the technical cooperation project "Rehabilitation Project for Persons with Physical Disabilities" (2000~2005) held in Chile, third-country training has been held for 15 countries within the region. The professionals at the Center are dispatched to Costa Rica, Colombia, Bolivia and Paraguay to support the technical cooperation projects under way in these countries. JICA will continue to support the projects in progress, while bearing in mind the future possibility of developing the project further within the region, in order to utilize and strengthen the network towards implementing projects more effectively and efficiently.
    Expansion of assistance for social participation of persons with disabilities: In the past JICA's cooperation in this Region primarily focused on the area of medical rehabilitation. Professionals involved in medical rehabilitation have been sufficiently trained in comparison to other regions in terms of quality and quantity. On the other hand, there are still many problems with social attitudes towards persons with disabilities as can be seen from the fact that the issue has been set as the first priority objective of the Decade of the Americas for the Rights and Dignity of

Disabled Persons. Therefore, JICA will explore the possibility of cooperation that will contribute to enhancing the social participation of persons with disabilities in the future.

※As regards to more detailed data on each country, see the "JICA's Country Profile on Disability."
http://www.jica.gos.jp/activities/issues/social_sec/more.html

Appendix 5: Professional areas of rehabilitation

Based on the definition of rehabilitation by WHO in 1968, there are four major areas of rehabilitation: medical rehabilitation, vocational rehabilitation, educational rehabilitation and social rehabilitation. Each area of rehabilitation is defined below. As stated in the guidelines, each type of rehabilitation is not individually separate from one another. Today, it is broadly recognized in the world that it is important to apply the "combined and coordinated use" of the four areas.

1. Medical rehabilitation

Disability is not a disease, but defined as a condition which is caused by change in health conditions such as disease, anomaly and injury. Medical rehabilitation is a process to eliminate or alleviate the disability under medical theories and methods. Therefore, the disease that causes disability, medical care and medical management are within the scope of medical rehabilitation. Furthermore, the scope of medical rehabilitation covers the prevention of secondary disability, maintenance of functions, and health management of the person (or child) with disability. This definition is adopted even in the programs for other types of rehabilitation. Hence, medical rehabilitation is related to all the processes of rehabilitation in many cases.

Medical rehabilitation includes medical care and management for the disease and training for functional recovery, prevention of secondary disability, and manufacturing of prostheses/orthoses and training in order to address functional disability (including structural disability) and activity limitations, which are the two of the three levels of disability.

2. Vocational rehabilitation

The definitions and concepts of vocational rehabilitation proposed by ILO, WHO and UN can be summarized that "vocational rehabilitation itself does not stand alone. It constitutes part of total rehabilitation including medical, educational and social rehabilitation. A combined and holistic approach is essential. Vocational rehabilitation expedites the process of integration or reintegration of the person with disabilities back into society, and the process must be time-limited." The specific contents of vocational rehabilitation services include vocational evaluation, vocational guidance, vocational preparedness training and vocational training, job introduction, sheltered employment, and follow-up. The time-limited process means that a rehabilitation plan must be specially laid down to attain its objectives and thus rehabilitation with ambiguous objectives cannot be deemed as rehabilitation. Hence, in a situation where a person works in a welfare plant without clear objectives/plans, this cannot be regarded as vocational training at the workplace.

3. Educational rehabilitation

Educational assistance given to the child (or person) with disability regardless of his/her age and status is educational rehabilitation. It tends to be construed as being synonymous with special education. However, the idea of rehabilitation and the idea of special education are not necessarily identical.

In fact, educational rehabilitation's concern is directed to non-residential school facilities prior to school enrollment and the school education during school ages. As an international trend, special education is provided when integrated education, the very basic principle of education, is not possible. However, as regards the deaf child (person) and the blind-deaf child (person), it is deemed that a special school or a special class needs to be established, based on the recommendation by the World Federation of the Deaf, for the reason that a special mode of communication is necessary. In educational rehabilitation, an equal opportunity for education and guarantee for university education are also mandatory.

4. Social rehabilitation

Today the definition of social rehabilitation proposed by the Social Commission of Rehabilitation International (RI) in 1986 is broadly supported. "Social rehabilitation is a process the aim of which is to attain (social) functioning ability (SFA). This ability means the capacity of a person to function in various social situations towards the satisfaction of his or her needs and the

right to achieve maximum richness in his or her participation in society." This definition is importantly predicated upon the "equalization of opportunities."

Typical programs of social rehabilitation are to (1) make the basis of living (health management, time/money management, home management and safety/risk management), (2) create his/her own lifestyle (care, welfare equipment, housing and outings), (3) lead his/her unique life fully (self-awareness, understanding of disability, communication and human relationships, and sex/marriage).

Note that organizations of persons with disabilities use the definition of rehabilitation proposed in the World Program of Action rather than the above classification. (See the text as for details.)

Source: Social Worker Training Lectures 3: Discourse on Welfare for Persons with Disabilities, Chuo-hoki, p. 18-20

Appendix 6: Community Based Rehabilitation

Community Based Rehabilitation (CBR) has diverse definitions, objectives, and approaches, as introduced in Chapter 1. The concept of "community-based rehabilitation" is broad, and a variety of notions and views have been proposed. This section outlines its historical background including emergence and evolution, the most typical definition and objective, implementation methods, and the points to be noted, issues and recommendations.

1. Historical background

By the 1960s, many health and medical care services including rehabilitation were practiced in hospitals and rehabilitation centers primarily by doctors and other professionals.[37] It was often difficult for many persons with diseases or disabilities to have access to such health and medical care services. In the 1960s, some organizations of rehabilitation professionals and also international organizations such as WHO began to probe into possible systems to deliver better services to a greater number of people. In this endeavor, one problem came to the forefront: poor people and persons with disabilities living in rural areas, particularly in developing countries where their limited resources are concentrated in the hospitals in urban districts, would never be able to receive proper medical care and rehabilitation services.[38]

In the 1970s WHO and UNICEF introduced the concept of "community health worker,"[39] thereby enhancing health care services with the focus on poverty, health, development, increasing population, and community participation. This movement had an impact on the development of CBR. In 1976 WHO formulated the policy on CBR development and its implementation, whereby the situation of persons with disabilities in developing countries began to be investigated in greater detail.

Subsequently in 1981, the definition of CBR was presented at the WHO's Expert Committee on Rehabilitation for the first time. In the 1980s CBR rapidly spread to developing countries through the effort made by the group in WHO led by Dr. Helander. In particular, the manual "Training in the Community for People with Disabilities (Helander *et al*. 1989)" has been translated into many languages and used in 30 countries.

In the 1990s, rehabilitation professionals began to participate actively in CBR although it had been limited primarily to NGOs and community members in its early stage. Thus, CBR spread as an approach including a wide range of people/facilities from community to medical care facilities managed by professionals.

On the other hand, in the 1980s when the concept of the independent living (IL) movement was introduced to developing countries, the similarities between IL and CBR began to be discussed. To put it another way, the discussion was based on the perception that both IL and CBR were initiated and later developed in response to the same social problem that the rights and duties of persons with disabilities were being neglected. According to this perception, CBR converged with some concepts that had been spontaneously born in response to social movements which had led consumers into the same direction. What lies ahead is the IL movement in which the service provider becomes the main actor. In fact, CBR and IL share many common features such as the definition of rehabilitation and promoting the participation of community with focus on the needs of persons with disabilities.[40]

The concept of CBR that is currently used has undergone a sea of change from the initial one. Today, the goal of CBR lies in its implementation with the focus on every area that is vitally

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[37] This approach is referred to as a "medical approach." On the other hand, rehabilitation provided chiefly at hospitals or medical centers is referred to as "Institution Based Rehabilitation (IBR)."

[38] Helander reports that only 2% of persons with disabilities in developing countries are able to enjoy rehabilitation services.

[39] In 1978 WHO and UNICEF adopted the Alma Ata Declaration proclaiming "Health for all by 2000," based on which the approach of Primary Health Care (PHC) was born. PHC is the approach underlying contemporary health services in developing countries. It is an approach in which essential heath care is provided to people more in rural areas than in urban districts and to the prevention of diseases and health management through more economical and fair health activities by community residents than advanced and expensive medical care services provided by medical professionals.

[40] At the same time the difference has been pointed out as well: CBR focuses on the enhancement of community development, whereas IL facilitates consumers' control over all activities.

important to create an inclusive society in order to improve the quality of life (QOL) of persons with disabilities. Thus, in the implementation of today's CBR there is an increasing need to form partnerships with stakeholders from a broad range of areas. In the future, what is required is a measure in which persons with disabilities will be able to facilitate their empowerment further.

2. Definitions and objectives

As stated above, there are many concepts proposed for CBR. The definition and objective that are most broadly accepted nowadays were announced in 2000 in the Joint Position Paper released by WHO, ILO, UNESCO and UNICEF. The paper states as follows:

Definition:

CBR is a strategy within general community development for rehabilitation, equalization of opportunities and social inclusion of all children and adults with disabilities. CBR is implemented through the combined efforts of people with disabilities themselves, their families and communities, and the appropriate health, education, vocational and social services.

Objective:

The major objective is to ensure that persons with disabilities are able to maximize their physical and mental abilities, to access regular services and opportunities, and to become active contributors to the community and society at large, whereby they activate communities, promote and protect the human rights of people with disabilities through changes within the community.

The UN ESCAP released the document titled Understanding Community Based Rehabilitation in 1997. It imparts the CBR program criteria as follows:

・People with disabilities must be included in CBR programs at all stages and levels, including initial program designing and implementation. In order to give significance to their involvement, they must have distinct decision-making roles.
・The primary objective of CBR program activities is the improvement of the quality of life of people with disabilities.
・One focus of CBR program activities is working with the community to create positive attitudes towards people with disabilities and to motivate community members to support and participate in CBR activities.
・The other focus is to improve assistance for people with all types of disabilities.
・CBR programs must be sensitive to the situation of girls and women with physical disabilities.
・CBR programs must be flexible so that they can operate at the local level and within the context of local conditions.
・CBR programs must coordinate service delivery at the local level.

3. Implementation method and points to be noted

CBR programs have been implemented under a variety of versions of concepts and diverse interpretations. Each CBR carries a different tone in the program implemented in the area of society and culture, environment, education, health or welfare. Thus, it is a matter of course that each approach to CBR is distinctly different. It is essential to strike an equitable balance between traditional social/cultural practices and understanding of constructive changes in order to ensure success in a CBR program in the community. That is, you need to understand and acknowledge the features of the community including its diversity, organization, border lines, human connection, people's interaction, and social and political framework. Hence, when a program is formulated, it will be essential to collect information from major information sources and stakeholders who have familiarized themselves in local knowledge. Particularly, it is of vital importance to involve persons with disabilities in the program from this stage of planning because their needs form the foundation of the program formulation.

The CBR program's members are generally composed of persons with disabilities, their families, attendants, community, volunteers, community health workers, rehabilitation professionals, governments, multinational organizations, NGOs, and employers. The stages of implementation are to:

- form a CBR committee
- invite and screen CBR workers who will be able to carry out activities periodically (as volunteers), and give training under an expert based on the CBR illustrated manual
- conduct a survey on persons with disabilities
- plan a pilot program for a small number of persons with disabilities and implement it
- manufacture prostheses/orthoses and self-help equipment by using skills and materials which are locally available
- carry out an awareness-raising and educational campaign to develop the correct perspective of disability and knowledge on the prevention of disability
- promote the employment of persons with disabilities
- foster self-help groups of persons with disabilities
- evaluate and follow up

   One of the points to be noted is that there is a risk of creating a discordant situation with people in socially higher statuses who try to protect their vested interests. The risk will become greater as the CBR program gets more participatory in the true sense of the term with its focus on socially vulnerable groups in the community. When a CBR program is implemented in a developing country, it is essential to invite the full participation of families. Therefore, unrealistic requirements such as additional responsibilities should never be imposed upon family members, especially female members.

Bear in mind the following matters in order to make CBR sustainable.
- confirmation of the needs of a rights-based CBR program
- community's psychological preparedness to deal with such needs
- community's readiness to receive outside resources and assistance
- collaboration with multiple areas including partnerships with DPOs and NGOs
- presence of community workers
- CBR's integration into the national plan with guaranteed allocation of appropriate resources

4. Issues and recommendations

  CBR may sound like an ideal program of assistance for persons with disabilities in the community. In fact, however, various problems have been pointed out. The followings are some of the problems demonstrated by the findings of the survey by WHO and SHIA:
- In only a limited number of communities a CBR program has been implemented even if the government supports the program.
- People who enjoy the benefit of the program are limited primarily to, for instance, persons with mild disabilities and some children with intellectual disabilities or hearing impairments.
- Expectations among persons with disabilities in the greatest need cannot be met because CBR is implemented first for persons with disabilities to whom services can be more easily delivered.
- In the greater majority, persons with disparities are service receivers, who are not given opportunities to express their opinions, thereby limiting their impact on the program.
- There is concern about the sustainability of programs when the government, community, committee and community workers are closely examined.

  Dr. Maya Thomas of India points out some problems. For example, she argues that as for the participation and ownership of community, it is expected in CBR that community members are ready to share its limited resources with persons with disabilities. However, in fact, such a case is rare. In many cases external stakeholders take leadership in implementing a CBR program.

  She also insists that although collaboration among multiple areas is essential for CBR, it is difficult to secure coordination among people who offer various services in the field because in many developing countries ministries/agencies are vertically divided in carrying out their administrative functions. That is to say, the idea is not realistic in the field. Likewise, CBR is based on the concept that rehabilitation services can be delivered to many people at a low cost. As a matter of fact, a question must be asked, she argues; to whom the service is "cheap?" That is to say, in the CBR program, the burden imposed upon the family (not only monetary burden but

also psychological burden) is quite considerable. Thomas maintains that this approach may be economical for the government, but the family may suffer from an increased burden. For a great number of people who must survive from day to day, to channel valuable resources into children with disabilities is a waste of resources. That is, it is generally believed that it will be more meaningful to invest resources more heavily in children without disabilities so that they will be able to take care of children with disabilities in the future. She demonstrates how difficult it is to implement CBR programs as originally conceptualized.

To address these issues, the abovementioned survey on CBR conducted by WHO/SHIA makes the following recommendations:

・It is difficult to achieve the "full participation and equality" of persons with disabilities only with community-level assistance. It is needed to involve all levels constituting society including the local governments and state government in the program.

・ It is necessary to recognize fully that the success of CBR depends upon the extent to which all stakeholders (persons with disabilities, their families, the national government, professionals, NGOs, and DPOs) will participate in the program

・CBR targets all spheres that influence the quality of life of persons with disabilities and this does not merely mean rehabilitation.

CBR is still in the evolutionary process, and there are a variety of models. It has many problems as discussed above. It is requested to create a CBR program that aims at participatory development in a true sense of its term.

For more details, see reference literatures.

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Appendix 7: International Classification of Impairments, Disabilities, and Handicaps (ICIDH) and International Classification of Functioning, Disability and Health (ICF)

1. International Classification of Impairments, Disabilities, and Handicaps (ICIDH)
   ICIDH published in 1980 categories disabilities on the following three levels;
   ・Impairment
   ・Disability
   ・Handicap

The differences among these three levels may be easily understood by taking an example of a totally blind person who cannot read newspapers: that he/she cannot see is an impairment (the eye's function has an impairment of being unable to see); that he/she cannot read the characters written in ink is a disability (the ability to read the characters is impaired because he/she cannot see); that he/she cannot read newspapers to obtain information is a handicap (he/she tends to be socially disadvantaged because he/she cannot access written information).

Based on a clear understanding of the three levels of disability, it is now possible to explore various ways of assistance. To put it in more concrete terms, the impairment that a person cannot see can be solved by acquiring the ability to read Braille letters, thereby removing the disability as to the reading ability. By issuing a Braille newspaper, a social disadvantage (namely, handicap) that he/she cannot get information can be eliminated. Thus, in the approach to assistance for persons with disabilities, it is necessary to work out a plan with these three levels in mind to remove the handicap finally.

ICIDH has also brought about a change to the term in English that was used to describe the person with disability: the "handicapped" was once used, but today the "person with disabilities (PWD)" is widely used. The reason for this change was that the former term began to be viewed as carrying negative connotations, as the dissemination of this new concept adopted by ICIDH.

2. International Classification of Functioning, Disability and Health (ICF)
ICIDH stimulated considerable progress both in theory and practice. Nonetheless, some people began to criticize that it focused on only the negative aspects of disability. In response to the criticism, ICIDH amended only the points that emphasized the negative aspects of disability. That is, the amendment was made so that the classification covered all factors involved in human health conditions including a positive aspect, namely, health, as well as disability. ICIDH has classified the consequences of diseases, whereas ICF classifies the components of health.

Main points of the amendment are discussed below:
1. ICF consists of two parts: Part 1 – Functioning and disability and part 2 – Contextual factors. Both Part 1 and Part 2 are constituted of two domains: Part 1 is composed of (a) body functions and structures and (b) activities and participation; Part 2 is composed of (a) environmental factors and (b) personal factors.

2. ICIDH classified negative domains at the three levels of body, individual and society into impairment, disability and handicap. ICF classifies not only negative domains of disability but also the positive domain, i.e. functioning at the two dimensions of body and life. The body is made up of body functions and body structure. Its positive domain is called functional and structural integrity, whereas its negative domain is called impairment. The positive domain of life is referred to as activities or participation, whereas the negative domain is referred to as activity limitation or participation restriction.

3. ICIDH was often criticized for its linear direction from impairment to disability and handicap. It is believed that this criticism is chiefly based on the ICIDH's structural model. In ICF, functioning and disability are illustrated as complex interactions between health conditions, on the one hand, and each structural domain affected by contextual factors, on the other.

Definitions in ICF
In association with health:
The body functions are the physical functions of the body (including psychological functions).
The body structure means anatomical parts of the body such as organs and limbs.
Impairments (including structural impairments) mean problems with the body functions or body structure such as marked variation or loss.
The activity is the fulfillment of tasks or actions by individual.
The participation means involvement in living and a life situation.
Activity limitations mean the difficulty caused when an individual carries out activities.
Participation restrictions mean that any difficulty experienced when an individual gets involved in living or a life situation.
Environmental factors mean the elements constituting a physical environment and a social environment where people live and spend their lives and an environment caused by people's social attitudes.

Concepts in ICF

	Part 1: Functioning and disability		Part 2: Contextual factors	
Elements	Body functions Body structures	Activity Participation	Environmental factors	Personal factors
Domains	Body functions Body structures	Domains of living & life (tasks and actions)	Extrinsic influence on functioning and impairment/disability	Intrinsic influence on functioning and impairment/disability
Componential concepts	Change in body functions (physical) Change in body structure (anatomical)	Ability: to perform tasks in a standard environment Conditions to perform: to perform tasks in the present environment	Facilitator or barrier influenced by physical environment, social environment, and the features of an environment created by people's social attitudes	Influence of individual features
Positive	Functional and structural integration	Activity Participation	Facilitator	Non-applicable
	Living functions			
Negative	Impairments (including structural impairments)	Activity limitations Participation restrictions	Barrier	Non-applicable
	Disability			

Appendix 8: Inclusion (inclusive) and integration

1. Integration

Integration (i.e. integration into civil society) is the key concept to solving policy problems with the person with disability. In particular, it is emphasized in school education as integrated education in contrast with segregated education. Integration means a harmonious state in which persons with or without disabilities study together as classmates without any form of discrimination. In Japan the idea has been introduced as "integrated education" in school education in which children with disabilities are accommodated in regular classes. Or, so-called "education in an integrated context" has been practiced nationwide in which children with disabilities who attend a special class established within the same school study certain subjects together with children of the same age.

2. Inclusion (Inclusive)

The concept of integration has been facilitated in education for children with disabilities in Europe, but in reality it has been stripped of its contents, that is, integration for the sake of formality in many cases. To address this problem, the idea of "inclusive (embracing)" has been advocated as a principle to provide education or assistance under an individualized program to meet the different needs of each person with disability, thereby aiming at integration or harmonization in substance. Since the 1980s the inclusive movement has been actively carried out in the area of special education in the U.S.A. Based on the philosophy of "'All' means 'All'," the inclusive movement aims at "ensuring every child an environment of regular education appropriate for his/her chronological age" regardless of the type of disability and the ability of the child.

The idea of "inclusive" insists that the school becomes a place of learning, development, joint work and solidarity of children who have myriads of differences and diverse needs through enriching special needs education. In other world, it is a notion that searches for the way in which education should be in pursuit of achieving "joint education, joint work, and development guarantee." Currently, the notion of "inclusive" still remains at the conceptual stage and thus poses a challenge for the future.

3. Differences between inclusion and integration

The idea of "inclusive" insists that every child, regardless of disability, is entitled to be embraced by school in the region and receive an education with the necessary support. That is, the child with disability should not receive education at a special place segregated from others because of his/her disability. How does this idea differ from the concept of "integration (integrated education)" that has been advocated up to now?

First, predicated upon the condition that necessary support is provided, the child receives education in an integrated environment. In the conventional concept of integration, "necessary support" has not been identified as its component. Thus, the learning situation (physical environment) may have been integrated, but the child with disability is treated as a "guest." Second, it is not only the child with disability who needs "necessary support" and every child has his/her unique needs, which must be taken into account. Ryo Matsutomo, an advocate as a parent of a child with disability, defines the idea of inclusion as "strategy for "supported" living in harmony in a regular life situation." "A regular life situation" means a regular class in education. In employment, the person with disability works together with people without disabilities in general enterprises. "Supported" means that assistance is provided to meet the particular needs of each individual.

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Appendix 9: Transportation Accessibility Improvement Law and New Barrier-Free Law

1. What is the Transportation Accessibility Improvement Law?

The Law concerning the Promotion of Accessibility of Public Transportation Systems for Elderly People and Persons with Physical Disabilities, Etc. was promulgated in May 17, 2000 and put into force on November 15, 2000.

In order to improve the convenience and safety of movements among older people and persons with disabilities by using public transportation systems,

    I. public transportation companies shall promote the elimination of barriers in   the passenger facilities such as railway and trains,

    II. in specified zones chiefly around passenger facilities such as railway, barriers shall be eliminated from the passenger facilities, roads in the neighborhoods and station plaza systematically with priority, based on the master plan formulated by the municipality.

Basic framework of the Law

1. Basic policy

The national government lays down the basic policy to expedite systematically with priority the process of improving the convenience and safety of movement for older people and persons with disabilities who use public transportation systems.

2. Measures to be taken by public transportation companies

The Law mandates the public transportation company to comply with the "Barrier-free Standards" when the passenger facilities of stations are newly constructed or remodeled or when new cars are introduced.

3. Promote the elimination of barriers in the priority improvement zone systematically with priority.

    a) Formulation of the master plan by the municipality

As for a zone created chiefly by passenger facilities of a given scale, the municipal government is given the authority to formulate a "master plan" that contains the policy and projects to implement to eliminate barriers in the priority improvement zone in question in order to facilitate the removal of barriers in passenger facilities at the station, roads in the neighborhood, station plaza and traffic lights.

    b) Project implementation based on the master plan

The passenger transportation company, the road management company and the prefectural public safety commission formulate their own specific project plans separately and carry out the projects for eliminating barriers.

4. Information provision as to barrier-free conditions

Information on how station facilities have been freed from barriers is provided so that people are able to use public transportation facilities without apprehension.

2. New Barrier Free Law

The Law concerning the Promotion of Accessibility and Movement for the Elderly and the Person with Disability" – Promulgated on June 21, 2006 and came into force on December 20, 2006

1. Purpose

In order to facilitate improvements in convenience and safety in movement and the use of facilities for older people, persons with disabilities (all persons with disabilities including physical, intellectual, mental and developmental disabilities), pregnant women, and wounded persons, the Law enhances the elimination of barriers in public transportation systems, buildings and public facilities. At the same time, the Law emphatically and comprehensively stipulates the removal of barriers in districts where there are diverse facilities used by older people and persons with disabilities, i.e. primarily in the zone around a station. Under the Law, the measures to eliminate intangible barriers shall be expanded.

2. Outline

a. Formulation of the basic policy

The competent Minister shall formulate the "basic policy" to promote comprehensively and systematically the measures to eliminate barriers.

b. Measures to be taken by the parties concerned in facility construction and management for eliminating barriers

The Law mandates the parties concerned in facility construction and management such as proprietors and constructors to comply with the Barrier-free Standards (Movement Improvement Standards) stipulated for each facility when public transportation systems (passenger facilities such as station and bus terminal and vehicles including train and bus) and specified buildings, roads, outdoor parking lots and urban parks are constructed or introduced.

As regards the existing facilities, the obligation to make a reasonable effort in good faith to comply with the Standards is imposed.

c. Implementation of projects concerning eliminating barriers in the priority improvement zone emphatically and comprehensively

(1) Formulation of the master plan by the municipality

Based on the basic policy formulated by the national government, the municipal government is given the authority to formulate a "master plan" that contains a policy and projects to eliminate barriers in the zone in question to remove barriers systematically with priority in public transportation systems, buildings, roads, outdoor parking lots, urban parks and traffic lights in the zone around the passenger facilities or in a zone where there are diverse facilities used by older people and persons with disabilities (priority improvement zone).

(2) Project implementation based on the master plan

The parties concerned in facility construction and management such as proprietors and constructors and the prefectural public safety commission formulates their own specific project plans separately and implements the projects.

d. Measures to invite the participation of residents from the planning phase

In order to enhance the participation of older people and persons with disabilities when the master plan is formulated, the Law spells out the provisions about the council system. At the same time, the Law calls for the establishment of system in which they are allowed to request the government to review and revise the master plan.

e. Promotion of "spiral-up" and "barrier-free mind"

(1) Introduction of "spiral-up"

The national government (and the local government) is mandated to introduce the concept of "spiral-up" in which the specific contents of barrier-free measures are examined by older people and persons with disabilities and, based upon the feedback, new measures/actions are taken, thereby making step-by-step and continuous improvements.

(2) Enhancement of "barrier-free mind"

The national government (and local government) and the general public are responsible for facilitating people's understanding and cooperation on the "elimination of barriers in mind" to promote the elimination of barriers.

f. Others (Agreement on Smoother Accessibility and Movement)

In the priority improvement zones stipulated by the master plan, it is possible for persons, for instance, the landowners sign, by unanimous consent of all stakeholders, the Agreement on Smoother Accessibility and Movement as to the issues pertaining to the improvement and management of a networking route in order to maintain a stable and continual barrier-free environment from the station to roads and buildings. The Agreement must be approved by the mayor, thereby enabling the Agreement to be in force continually.

Appendix 10: Barrier-free and universal design

1. Barrier-free

The term "barrier-free" originates in architectural terminology and means the elimination of things that create barriers in the living space so as to make living safe and comfortable. The term now is more broadly used to denote the elimination of physical barriers such as steps within a building.

There are social, institutional and psychological barriers that make it difficult for older people and persons with disabilities to participate in society as well as physical barriers such as steps on the road and entrance to the building. The notion of "barrier-free" applies to the elimination of all barriers which exist in our daily living for all people as well as older people and persons with disabilities.

There are the following barriers in our society:

(1) Physical barriers

These refer to barriers in buildings and transportation systems. For instance, JICA's domestic offices still have many barriers that create inconvenience to persons with disabilities such as steps, reception desk which is too high for the wheelchaired person, shortage of toilets for the wheelchaired person, and swing doors. These barriers need to be removed as quickly as possible. It costs time and money to remodel the constructions that have been once completed. Therefore, it is necessary to take full considerations at the designing stage.

(2) Information barriers

These refer to barriers concerning acquisition and transmission of information. In particular, persons with visual impairments, hearing impairments and intellectual disabilities are still faced with difficulties in obtaining and transmitting information. In order to solve this problem, it is necessary to develop human resources such as sign language translators as well as development of ICT technology and development/dissemination of specialized terminal devices.

(3) Institutional barriers

These refer to the barriers concerning disqualification provision, various qualification systems, and employment/appointment tests. For instance, in earlier days the deaf person was not able to get a pharmacist's license due to a disqualification provision, and test in a Braille version was not offered in the qualification test for public service.

(4) Psychological barriers

These refer to barriers including prejudice and discrimination from people around. As discussed in Chapter 1, each society has different views on the person with disability. Such views and attitudes as prejudice, discrimination, ignorance, indifference, sympathy and pity create serious barriers in the social participation of persons with disabilities. In Japan we often hear the news report that a person with a visual impairment has run into a dangerous situation because a bicycle is parked sideways impeding the Braille blocks, for instance. This is a good example to demonstrate that the elimination of physical barriers is not fully effective unless psychological barriers are removed.

2. Universal design

The universal design shares similarities with the notion of barrier-free. It means that a product's and environmental design is usable by all people regardless of with or without disabilities. For example, the conventional approach to the bus step was to install a wheelchair lift. Under the concept of universal design, the bus steps are removed so that persons with disabilities as well as the general public are able use the bus in the same manner.

The Center for Universal Design in the U.S.A. has set the following seven UD principles. (These rules are applied to all industrial products; however, there are some principles that cannot be applied to JICA's projects.)

Seven principles of universal design

PRINCIPLE ONE: Equitable Use

[Definition] The design is useful and marketable to people with diverse abilities.

[Guidelines]

    1a. Provide the same means of use for all users: identical whenever possible; equivalent when not.

  1b. Avoid segregating or stigmatizing any users.

  1c. Provisions for privacy, security, and safety should be equally available to all users.

  1d. Make the design appealing to all users.

PRINCIPLE TWO: Flexibility in Use

[Definition] The design accommodates a wide range of individual preferences and abilities.

[Guidelines]

    2a. Provide choice in methods of use.

    2b. Accommodate right- or left-handed access and use.

    2c. Facilitate the user's accuracy and precision.

    2d. Provide adaptability to the user's pace.

PRINCIPLE THREE: Simple and Intuitive Use

[Definition] Use of the design is easy to understand, regardless of the user's experience, knowledge, language skills, or current concentration level.

[Guidelines]

    3a. Eliminate unnecessary complexity.

    3b. Be consistent with user expectations and intuition.

    3c. Accommodate a wide range of literacy and language skills.

    3d. Arrange information consistent with its importance.

    3e. Provide effective prompting and feedback during and after task completion.

PRINCIPLE FOUR: Perceptible Information

[Definition] The design communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities.

[Guidelines]

    4a. Use different modes (pictorial, verbal, tactile) for redundant presentation of essential information.

    4b. Provide adequate contrast between essential information and its surroundings, for example, to write with large letters for important information. Maximize "legibility" of essential information.

    4c. Differentiate elements in ways that can be described (i.e., make it easy to give instructions or directions).

    4d. Provide compatibility with a variety of techniques or devices used by people with sensory limitations on seeing and hearing.

PRINCIPLE FIVE: Tolerance for Error

[Definition] The design minimizes hazards and the adverse consequences of accidental or unintended actions.

[Guidelines]

    5a. Arrange elements to minimize hazards and errors: most used elements, most accessible; hazardous elements eliminated, isolated, or shielded.

    5b. Provide warnings of hazards and errors.

    5c. Provide fail safe features.

    5d. Discourage unconscious action in tasks that require vigilance.

PRINCIPLE SIX: Low Physical Effort

[Definition] The design can be used efficiently and comfortably and with a minimum of fatigue.

[Guidelines]

6a. Allow user to maintain a neutral body position.
6b. Use reasonable operating forces.
6c. Minimize repetitive actions.
6d. Minimize sustained physical effort.

PRINCIPLE SEVEN: Size and Space for Approach and Use
[Definition] Appropriate size and space is provided for approach, reach, manipulation, and use regardless of user's body size, posture, or mobility.
[Guidelines]
7a. Provide a clear line of sight to important elements for any seated or standing user.
7b. Make reach to all components comfortable for any seated or standing user.
7c. Accommodate variations in hand and grip size.
7d. Provide adequate space for the use of assistive devices or personal assistance.

With respect to the international guidelines, based on the proposal by Japan, the International Organization for Standardization (ISO) and the International Electrotechnical Commission (IEC) formulated the ISO/IEC Guide 71 (Guidelines for standards to assist developers to address the needs of older persons and persons with disabilities) in November 2001 concerning the development of products and services and the construction of facilities such as buildings and roads. Guide 71 spells out guidelines on consideration for usability by older people and persons with disabilities and is used as the basic guidelines when each ISO member nation prepares various domestic standards.

The Guide classifies the "points of consideration" for older people and persons with disabilities into seven areas which are common to various products, services and facilities. It illustrates the relationships in a matrix with the "domains of consideration" such as wrapping and materials on the vertical axis and with perception, body and cognition on the cross axis so that the reader is able to understand it more easily. The seven areas include (1) information, labeling, instructions and warnings, (2) wrapping and container, (3) material (quality), (4) installation, (5) user interface (usability, operation switch and feedback), (6) maintenance, storage and disposal, and (7) construction environment (building, etc.).

For more details, see the following homepages:

Accessible Design Foundation of Japan at http://www.kyoyohin.org/12hyoujunka/index.html
Ministry of Economy, Trade and Industry at www.jisc.go.jp/tpk/guide71-2.html
Yomiuri Newspaper at www.yomiuri.co.jp/nie/note/fukushi10/kiji/kiji.htm
ISO at www.iso.ch/iso/en/CatalogueDetailPage.CatalogueDetail?CSNUMBER=33987&ICS1=1&ICS2=120&ICS3=

Appendix 11: Acceptance and dispatch of persons with disabilities

11-1 Acceptance of participants in the training courses
1. Prior to arrival
●Attach a questionnaire sheet about special needs to the General Information of all training courses and collect together with other necessary documents so that proper measures will be taken after a participant with disability has arrived. The questionnaire should include items about disability as well as religious issues.
●When the JICA overseas office and the headquarters screen participants in the courses, "with or without disability" should not be taken into account as one of the screening criteria. It is necessary to be prepared for the participation of a person with disability who needs an attendant. As for a person with disability who has difficulty in travelling to Japan due to his/her severe disability, maximum consideration should be provided to give him/her the opportunity to participate in a training course through J-net, etc. In principle, the international sign language will be used for the person with hearing impairment.
●It will be important to raise awareness of the government of the recipient country so as to recommend qualified people regardless of with or without disability or regardless of mild or severe disability.

2. At the time of arrival
    Based on the information collected from the questionnaire sheet, a participant will be met at the gate and taken to the JICA counter at the airport depending on his/her necessity and make arrangements, through the travel agent, for movement by taxi, etc. to the accommodation from the airport.

3. Accommodation
    Each center tries to make its facilities barrier-free as follows:
  (1)Person on wheelchair
    ● Elevator: Install infrared-ray sensor at the door so that a person does not get caught by the door. Install a button panel on the wheelchair to be used.
    ● Toilet: Install a toilet for the wheelchair on each floor.
    ● Guest rooms: Prepare at least five rooms that can be used by the wheelchaired person. In particular, the bathroom and toilet need sufficient space so that a wheelchair can go in and out smoothly and steps need to be removed as much as possible.
    ● Others: Remove the steps at the entrance of a building and inside the center within the feasible limits. The steps that cannot be removed should be made into a ramp. In order to secure free movement of the person on wheelchair inside the center, a sufficient space is to be ensured.
  (2) Person with visual impairment
    ● Elevator: Install buttons in Braille and embossed letters and also a voice guide in the elevator and on each floor.
    ● Indicators in Braille: Place an indicator in embossed letters at the entrance to a guest room and toilet, etc.
    ● Guest room: Install an indicator in embossed letters on the switch, etc. Prepare materials such as leaflets and pamphlets for users in a Braille version and also in enlarged letters. Place embossed letters on the door.
    ● Others: Install Braille blocks at the key place (entrance, information desk, staircase, and restaurant, etc.) and guiding blocks between the key places (entrance →information desk, etc.). At a hazardous area, install a fence or Braille blocks to draw attention. Keep the room bright and use indictors that are easy to read.
  (3) Persons with hearing impairments
    ● Guest room: The person with hearing impairment cannot hear knocks. So, install a flashlight so that he/she is able to recognize visually that someone is at the door. Also, prepare an alarm clock/wrist watch with a vibrator so that the person is able to get up in the morning on time.
    ●Others: Install a flashlight that is activated simultaneously with an emergency bell.

4. Teaching materials
   (1) Persons with visual impairments: Materials in Braille letters or in electronic data (Microsoft Office File, etc.) should be provided as much as possible.

5. Information transmission
   (1) Persons with visual impairments: A volunteer should be arranged so that the participant is able to get visual information verbally when visiting any facility. In order to make sure that volunteers can be arranged whenever the occasion calls for, explore reliable sources. Provide necessary training to the volunteer prior to starting the course.
   (2) Persons with hearing impairments: Explore reliable sources so that the international sign language translator can be arranged as required.

6. Movement such as training trips
   Arrange volunteers to guide the person with visual impairment or to support the wheelchaired person. Explore reliable sources to make sure to get competent volunteers.

7. Training for training coordinators
   It is the training coordinator that comes into close contact with the participant in the area of training. In the past some accepting organizations pointed out a lack of coordinator's understanding of persons with disabilities. Training should be given to all the training coordinators registered at JICA concerning basic knowledge about problems as to persons with disabilities and how to interact with them.

11-2. Dispatch of a person with disability as expert/member of the study team (in case of a wheelchaired person and care service user)

1. Background
   The Report of the Disabled People's Welfare Review (Environment and Women Section, Planning and Evaluation Department, JICA, March 2001) proposed a paradigm shift as to the person with disability "from a mere beneficiary to the participant" in the JICA's assistance strategy for persons with disabilities, thereby strongly influencing the necessity to dispatch persons with disabilities.

2. Points to be noted
   (1) It is important to discuss with each individual about his/her needs for assistance in great detail since the individual's needs are diverse.
   (2) Confirm the local situation with the RR of the JICA office and the Project in advance.
   (3) There is a higher possibility that unpredicted incidents take place more frequently than in other situations (such as problems with the toilet or a wheelchair while going outside). Thus, draw up an estimate for a larger amount than in other cases of local operation expenses and field study expenses in order to deal with such unexpected events in a flexible manner.

3. Pre-dispatch preparations
   (1) Include a budget in advance for a bus with a wheelchair lift, a vehicle equipped with reclining seats and an attendant, if necessary, on the implementation plan.
   (2) Give instructions to the Project or the JICA office in advance to select a training hall and accommodations which will cause no problems with movement and toilet use by a person on wheelchair.
      (a) Take flexible action, as required, concerning accommodations. (Reconfirm with the JICA office regarding the accommodation expenses which may exceed the upper limit of the office rules.)
      (b) Confirm whether a bathtub is properly equipped, whether a difference in level in the bathroom is 2 cm or less, whether an effective width is more than 65 cm, whether the toilet is accessible by a wheelchair, and whether there is a space for a wheelchair to change its direction, etc.
      (c) Look for a hotel where it is possible to make small additions such as using a

wooden board to make up for the difference in the level and putting a chair or a handrail in the bathroom even if it is not entirely free of barriers.

4. Procedures for dispatch
(1) Grasp a rough idea about needs (necessary assistance) by the first contact
        (by the division in charge of dispatching the expert/study team)
    (a) Confirm the name, his/her company, how to make contact, and the content
          of the work
    (b) Confirm the itinerary of dispatch
    (c) A degree of disability (= specific content of necessary assistance)
●Confirm the necessity of an attendant and about a possible candidate
    (d) Movement
        ●An electric wheelchair or a manual wheelchair in the field (whether an extra wheelchair should be taken)
        ● Whether a bus with lift or a passenger car, or both?
        ● Is it necessary to use a van with lift to go to the Narita Airport?
    (d) Accommodations
        ●In the same room with the attendant or in a separate room (presence/absence of a connecting room)
        ●Which is better, bath tub or shower
        ●How much space is necessary for the toilet
    (e) About travelling
        ●A request about the seat on the airplane (near the toilet or the first row)
        ●Should the attendant sit in the next seat? (whether the attendant's class should be the same as the expert)
    (f) Health issues to be kept in mind (※An airplane company may confirm health problems, but note that some people hate to be asked about their health conditions. Recently, many airplane companies do not ask such question anymore at the request of the disability organization.)
    (g) Expert – Ask to fill in B1 personal history, the application form for equipment for expert, and other related forms
        Member of the study team: Ask to fill in the question sheet for the member.

(2) Confirmation of individual measures (for instance, dispatch of an attendant)
        (by the division in charge of dispatching the expert/study team)
○Criteria to decide the dispatch of an attendant
A. Having a degree of disability qualified for a special allowance for the person with disability (for instance, quadriplegia)
B. Living by using care services daily

【Points for decision】
●Is care service required for communication (including a mode of communications in emergency), changing clothes, toilet, movement (bed and wheelchair), meals, and bathing?
●In Japan, he/she may be able to live without care services due to a barrier-free environment. There are many cases, however, in which he/she may need care services in developing countries. Thus, it is essential to take measures to meet the individual's needs.
●When disability is severe enough from preventing the person to change his/her posture in bed, it is necessary to have round-the-clock care services to change the posture (may require two attendants for one person). Such a case should be taken care of separately.

(3) Procedures when a attendant is needed
    (a) Selection of the attendant
    ●In principle, the expert appoints his attendant (can be his/her family member such as

spouse and parent)

- Confirm the itinerary of dispatch and the content of the work. Then, explain that he/she needs to select a fully experienced attendant.
- Confirm the attendant's name, company (position at the time of dispatch), age, and experience in care service for the expert in question, etc.

(b) Approval of the attendant (by the division in charge of the dispatch)

- Take equivalent procedures for a translator (the highest grade being 4) for the study team and get approval for each dispatch, as regards to short-term dispatch. (To be discussed separately concerning long-term dispatch)
- After an agreement endorsed by related divisions (Regulatory Affairs Division and Financial and Accounting Department), select the attendant.

There is a case in which the class (C or Y) of the attendant can be changed depending upon the grade of the expert. Give a clear description on the document for approval.

When a bus equipped with lift is required between home and Narita Airport, add the remark on the document for approval on the dispatch of an attendant attached with the quotation, which had been obtained in advance. (After returning to Japan, the amount will be remunerated.) When a bus with lift is used, note that the travel expenses in Japan should not be remitted.

(4)   Memo for the candidate expert/procedures for the dispatch of study team members

The division in charge of the dispatch fills out the points to be noted concerning (1) attendant[41], (2) hotel and provision of necessity/convenience at the time of movement, (3) travel expenses in Japan (excluding the travel expenses when a bus with lift is used) and (4) issues confirmed under (1).

Hereafter, adjustments, if necessary, shall be made through coordination between the person in charge of the Human Resources Assignment Department and the person in charge of procedures for the study team in case of dispatching an expert. If a study team is dispatched, the division in charge of its dispatch makes the necessary adjustments. It is recommended to use the same agent for the reservations of the airplane and other necessary arrangements.

(5)   Instructions for the agent and the airplane company

(a)   At the time of departure, make arrangements for the person to be able to use his/her own wheelchair up to the foot of the boarding ramp and from the foot of the boarding ramp at the time of arrival. (Upon arrival at the destination, take heed so that the wheelchair will not be sent to the air terminal together with luggage.)

(b)   Share information with the agent. (Ask the agent to get in direct contact with the person about the details of the trip and let the agent report about the content after confirmation.)

・Check the weight of the wheelchair and the type of battery beforehand. (Lithium batteries are not accepted.)

・Check the staircase where the person must walk (transfer from wheelchair to chair, standing, walking (flat), walking (handrail) and walking up and down the staircase equipped with handrail)

・Action to be taken in emergency

・Is the cause of disability from an accident or a disease? (The points to be noted in case of disease)   Be cautious about this inquiry.

・Ask what sort of seat is the best besides the emergency exit and above the wing (near the toilet, the first row with a wider space, an aisle seat or a window seat)

(6) Pre-dispatch briefing for the expert/study team members and attendant
(by the division in charge of the dispatch)

(a) Particularly for the expert who goes to a developing country for the first time, have a face-

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[41] When A1 Form is not issued for the attendant, there are cases in which he/she was dispatched as a member of the study team or a training lecturer, depending on the situation of the recipient country.

to-face preliminary discussion prior to the dispatch. (There are many issues which may be missed in a telephone conversation. It is also possible to relieve anxiety when meeting face-to-face.)

(b) The work in a foreign country imposes a heavy burden, demanding undivided attention, not only on the attendant for a prolonged period of time but also on the expert. Confirm the content of the attendant's work (that needs to be performed with responsibility from departure to arrival) and rest periods with the attendant together with the expert. (In case of a member of the study team, the attendant is obligated to submit a report, which will be used as reference material for the future.)

(c) Confirm accommodations and movement in the recipient country according to the schedule.

【Items for confirmation as to the recipient country】
　○Accommodation
　　When there is a difference in level, ask the hotel to take a remedial measure.
　○Place of visit such as a courtesy call
　　1) Confirm the conditions of the entrance and elevator that are related to movement. If there is a difference in level, prepare a board/slope.
　　　It is possible to ask the Project to send information on the conditions taken by a digital camera in advance.
　　2) Presence/absence of toilet facilities
　○About movement
　　1) Is a bus equipped with a wheelchair lift necessary?
　　・A bus equipped with lift is necessary when an electromotive chair (40~50kg) is used.
　　・It is possible to move on the bed of a van by using a simple wheelchair ramp, but note that strong vibrations will be felt.
　　・When the person on wheelchair is taken by car, make sure to tie the wheelchair to the vehicle.
　　2) Is a vehicle equipped with a reclining seat necessary?
　　・When the neck cannot be supported due to fragile muscles, the person may need a reclining seat (especially during a long distance trip).
　　3) What is the weight of the total luggage?
　　　(When an extra wheelchair is taken, the luggage will be heavier than at other times.)

(7)　Submission of the request for the provision of convenience
　(a) The request for the convenience provision for the expert and the request for the study team (attendant) is, in principle, processed separately under formal procedures. In practice, however, on request, the Human Resources Assignment Department sends an official message asking for the convenience provision both for the expert and for the attendant.
　(b) Stay in constant communication with the Office to avoid any overlapped work such as double bookings.

(8)　Reply to the request for convenience provision
　Inform about the reply as to the provision of convenience and have a discussion, as required.

(9)　Procedures after return
　(a) End-of-assignment reporting
　(b) Confirmation of the report
　(c) Confirmation of additional expenses such as replenishment of payment in advance

(10)　Other points to be noted
　(a) In all stages, stay in close contract, share information and make preparation with the person in charge in the office and the project coordinator/expert.
　(b) When data are used as part of public relations activities, get approval before

making a public release.

Before the release, ask the person to confirm the content including descriptions on his/her disability.

(c) Overseas travel insurance: The Yasuda Marine Insurance Company does not discriminate against the person with disability at the time of death. AIU sets compensation money at a lower rate, that is, \20 million, for the person with disability.

Appendix 12: List of Disability-related Organizations

1	Asia Disability Institute	192-0046	2-7-7-104 Myojin-cho, Hachioji-shi, Tokyo	0426-45-2216	0426-45-2216
It advocates promoting the independence of persons with disabilities in Asia. It organizes a seminar for independent living and plans and manages programs for exchange among and training for persons with disabilities in countries in Asia and Japan. It also conducts studies on the measures, particularly CBR, for disability in Asian countries. Ms. Yukiko Nakanishi, Chair, is a member of the JICA's "Thematic Assistance Committee for the Person with Disability."					
2	Asian Cultural Exchange Association of Disabled Persons	252-0825	c/o Koyu-kai 1008 Osogo, Fujisawa-shi, Kanagawa Pref.	0466-48-1500	0466-48-1504
It works to improve welfare services as well as to deepen mutual understanding through cultural exchanges among persons with disabilities in Asia. It holds charity concerts and the volleyball games for the blind. It also accepts trainees with visual impairments.					
3	Asian Health Institute Foundation (AHI)	470-0111	987-30 Minamiyama, Komenoki-cho, Nisshin-shi, Aichi Pref.	0561-73-1950	0561-73-1990
It implements training projects and provides development education for fostering dedicated leading persons in health medical care services in order to support voluntary health and welfare activities for people in Asia.					
4	FHCY Partners with Disabled Persons in Asia	234-0054	2-10-5 Konandai, Konan-ku, Yokohama-shi, Kanagawa Pref.	045-831-8870	045-831-8871
It works in collaboration with the NGO in Thailand. It supports the workshop for persons with disabilities in Thailand, fair-trade products by persons with disabilities in Asia, awareness-raising activities for improving understanding and the rights of persons with disabilities. It also promotes exchanges with the human resource development projects in developing countries as well as support for groups of persons with disabilities and CBR programs.					
5	Okinawa Colony	901-2126	997 Aza-Maeda, Urasoe-shi, Okinawa Pref.	098-877-5047	
It provides assistance to persons who need welfare services for their physical and mental health and their participation in activities in all areas including society, economy and culture. It also renders assistance so that necessary welfare services will be delivered to people in local regions under any circumstances regardless of environment and age. It establishes and manages sheltered facilities and facilities for the older people. It also provides skills training to promote the independence of persons with disabilities in countries in Asia.					
6	Kyosaren	164-0011	Tokyo-to Seikyo-ren Kaikan 5F 5-41-18 Chuo, Nakano-ku, Tokyo	03-5385-2223	03-5385-2299
It is constituted of sheltered facilities and living quarters, group homes, and living assistance centers in addition to many small-sized workshops. It carries out its activities to create a society in which persons with disabilities are able to work and enjoy stable living in the community. Mr. Katsunori Fujii, Managing Director, is a member of the JICA's "Subcommittee on Strengthening Rehabilitation of Disabled Persons in Costa Rica."					
7	International Society for Prosthetics and Orthotics (ISPO) Japan	669-1313	c/o Kobe Iryo Fukushi Senmon Gakko Mita 501-85 Fukushima, Mita-shi, Hyogo Pref.	079-563-1222	079-563-1294
It conducts research and development for improving services in prosthetics and orthotics, works for international standardization, and hosts a world's conference once every three years for					

persons with physical disabilities, particularly, amputees and persons with paralysis caused by polio, for instance. It makes efforts to improve the training organization and to set training standards with the aim of improving services in prosthetics and orthotics in developing countries.

8	International CBR Research Group (Kokusai CBR Kenkyu-kai)	910-0362	10-38 Kami-yasuda, Maruoka-cho, Sakai-gun, Fukui Prefecture	0776-67-3772	0776-67-3772

It collects and compiles research findings and information from various countries and organizes a study tour to the field of CBR. It gives supports to individuals and organizations that work in the area of CBR.

9	NPO Saori-hiroba	531-0071	Meidai Bldg. 3F, 1-2-21 Nakatsu, Kita-ku, Osaka-shi, Osaka Prefecture	06-6376-0392	06-6371-1911

It carries out activities to contribute to improving welfare services for persons with disabilities and older people within and Japan and abroad through new hand-woven fabrics while respecting each person's individuality. It supports art activities by persons with disabilities, develops regional leaders, provides international support and promotes learning among persons with disabilities.

10	JBS: Japan Broadcast Service for the Disabled Person Cultural Promotion for the Person with Visual Impairment	532-0011	5-4-33 Nishi-nakajima, Yodogawa-ku, Osaka-shi, Osaka Prefecture	06-4801-7400	

It is the only broadcasting station in Japan to deliver voice information service to persons with visual disabilities. This is the first broadcast station in Japan that has radio-programs aiming at only persons with visual disabilities and also TV programs for all persons with disabilities and older people with the focus being on general welfare services. It also implements projects to publish a series of picture books in Braille and for disaster management.

11	Japanese Federation of the Deaf	162-0801	SK Bldg. 8F, 130 Yamabuki-cho, Shinjuku-ku, Tokyo	03-3268-8847	03-3267-3445

It works to protect the human rights of, improve the cultural level of, and promote welfare services for persons with disabilities. It acts as a liaison office to secure coordination among local organizations of the deaf and supports their projects. It also conducts research studies concerning deaf people. It holds a national convention. Under the commission of JICA, it carries out the "Leadership Training Course for the Deaf." Mr. Fujisaburo Ishino, Vice President, serves as a member of the JICA's Thematic Assistance Committee for Persons with Disabilities.

12	Taiyo-no-machi	724-0622	367 Nomino Kurose-cho, Kamo-gun, Hiroshima Prefecture	0823-82-2187	0823-82-2188

Its core social welfare activities are carried out primarily through the Taiyo-no-machi Communal Society and sheltered workshop for persons with severe physical disabilities. Its Marketing Department promotes the sales of various uniforms for schools and kindergartens and working clothes for companies. Its chorus group, Hiroshima Taiyo-no-machi 1969, Choir on the Wheelchair, has been making concert tours within Japan and abroad.

13	Tokyo Colony	165-0023	2-6-2 Ehara-cho, Nakano-ku, Tokyo	03-3952-6166	03-3952-6664

In order to achieve the "full participation and equality" of persons with disabilities, it implements various disability service projects for persons with disabilities such as welfare plants and sheltered workshops. It also runs a group home, a care home and a home care nursing station.

14	(NPO) Japan National Assembly of Disabled Peoples' International (DPI)	101-0054	Musashino Bldg. 5F, 3-11-8 Kanda Nishiki-cho, Chiyoda-ku, Tokyo	03-5282-3730	03-5282-0017

Inspired by the International Year of Disabled Persons, DPI was founded in 1981 as an organization of persons with disabilities beyond the type of disability including physical, intellectual and mental disabilities to carry out advocacy activities. The Japan National Assembly of DPI was

officially inaugurated under the leadership of the leading persons with disabilities who attended the First DPI World Congress. Its activities are wide-ranging from specific policy proposals to activities on the street in order to reflect the voice of persons with disabilities as much as possible.

15	Association for Aid and Relief, Japan (AAR Japan)	141-0021	Mizuho Bldg. 5F, 2-12-2, Kami-osaki, Shinagawa-ku, Tokyo	03-5423-4511	03-5423-4450

It was established to render assistance to the self-reliance of refugees in Japan and overseas. It provides support for the livelihood of refugees who have settled down in Japan and assistance to the victims of conflict and natural disasters in overseas countries. It also carries out a landmine eradication campaign. It implements a development partners project "Support for Wheelchair Manufacturing in Laos.".

16	Japan Ostomy Association, Inc. (JOA)	124-0023	Trust Shinkoiwa No. 901 1-1-1, Higashi-shin-koiwa, Katsushika-ku, Tokyo	03-5670-7681	03-5670-7682

It aims for improving the quality of life of primarily the ostomate, that is, the person with artificial anus or the person with an artificial urinary bladder. It has offices in local areas to give assistance and guidance concerning stoma care and health management through medical professionals and peer counseling.

17	Japan Christian World Service (JCWS) Agape Exchange Program by the Agape Center	169-0051 228-0002	2-3-18 Nishi-waseda, Shinjuku-ku, Tokyo 2-10-14 Komatsubara, Zama-shi, Kanagawa Prefecture	03-3202-0486 046-254-7111	03-3202-0487 046-255-2915

It invites leaders who are involved in the projects in social welfare services from Asian nations and provide five months' training on vocational rehabilitation on persons with disabilities.

18	Japan Orthotics Prosthetics Association	113-0033	5-32-7 Hongo, Bunkyo-ku, Tokyo	03-3811-0697	03-3814-5250

In order to promote social rehabilitation of persons with physical disabilities, the Association supports research and development of prostheses/orthoses to improve technology. It carries out the activities to hold seminars and promote the movement to establish a technical training school for developing human resources in this area.

19	Japan Association of Occupational Therapists	111-0042	Morimitsu-shinko Bldg. 7F 1-5-9 Kotobuki, Taito-ku, Tokyo	03-5826-7871	03-5826-7872

The Association holds an academic society of occupational therapy and carries out activities in research and development in order to improve the education of occupational therapists. It exchanges information with relevant organizations in and outside Japan.
Mr. Tsuyoshi Kobayashi, director, serves as a member of the JICA's committee "Subcommittee on Medical Rehabilitation of Persons with Disabilities."

20	Japan CBR Network	501-3993	c/o Office of Prof. Watanabe Department of Human Security, Chubu Gakuin University 4909-3 Kurachi, Seki-shi, Gifu Prefecture	0575-24-9300	0575-24-9300

It disseminates information about CBR in Japan. It has created an information exchange network for communications in and outside Japan and carries out cooperation activities in the area of CBR in developing countries. It holds three or four seminars every year.

21	Japan Council on Disability (JD)	162-0052	c/o Japanese Society for Rehabilitation of Persons with Disabilities, 1-22-1, Toyama, Shinjuku-ku, Tokyo	03-5287-2346	03-5287-2347

The former organization is the Japan Council for the International Year of Disabled Persons founded in 1980. After renaming the organization at the end of the UN Decade of Disabled Persons (1983~1992), it has been continuing activities. It is a nationwide alliance constituted of

various types of disability-related organizations beyond the type of disability and organizational structure around Japan. At present, it has 67 member organizations (as of June 2008). With the aim of translating the ideas of "full participation and equality" and "normalization" into specific actions, it conducts comprehensive researches and studies and make recommendations concerning the measures to be taken for persons with disabilities from the standpoint of persons with disabilities.

22	Japanese Society for Rehabilitation of Persons with Disabilities (JSRPD)	162-0052	1-22-1 Toyama, Shinjuku-ku, Tokyo	03-5273-0601	03-5273-1523

The Society conducts research studies as to rehabilitation of persons with disabilities within Japan and overseas and works on strengthening international partnerships. It provides information and implements international cooperation projects on rehabilitation.
Under the commission of JICA, it carries out the course "Leadership Training for Persons with Disabilities."
Ms. Etsuko Ueno, director of a department, serves as a member of the JICA's Thematic Assistance Committee for Persons with Disabilities.

23	Japan Spinal Cord Foundation	183-0034	4-17-16 Sumiyoshi-cho, Fuchu-shi, Tokyo	042-366-5153	042-314-2753

It supports researches in the regeneration of injured spinal cords and provides information. It supports persons with spinal cord injuries.

24	Japan League on Developmental Disabilities (JLDD)	102-0074	Kudan Minami Green Bldg. 5F 3-7-7 Kudan-minami, Chiyoda-ku, Tokyo	03-5275-1128	03-5275-1205

It provides technical assistance such as research and training as to welfare measures for persons with intellectual disabilities in developing countries and exchanges information with relevant organizations in overseas countries. As a JICA's small-scale partners project, it implements the project "Technical Transfer of Therapeutic Education towards the Independence of the Autistic Child."
Ms. Chiyoko Numata serves as a member of the JICA's Thematic Assistance Committee for Persons with Disabilities.

25	Japan Braille Library	169-0075	1-23-4 Takadanobaba, Shinjuku-ku, Tokyo	03-3209-0241	03-3204-5641

It provides assistance to promote information service activities for persons with visual disabilities in partnership with Braille libraries in the Asian and Pacific Region.
Mr. Tetsuji Tanaka, Director, serves as a member of the JICA's Thematic Assistance Committee for Persons with Disabilities.

26	Japan Portage Association	166-0012	No. 10 Tanaka Bldg. Rm 3, 3rd Floor, 3-54-5 Wada, Suginami-ku, Tokyo	03-3313-4822	03-3313-2575

It promotes the dissemination of the Portage program. The Portage program is an education program to detect early growth retardation among babies.

27	Japan Vocational Development Center for the Blind	160-0003	10-3, Honshio-cho, Shinjuku-ku, Tokyo	03-3341-0900	03-3341-0967

It carries out vocational rehabilitation of persons with visual impairments, promotes the use of computer-related auxiliary equipment, and provides technical guidance to persons with visual impairments in Asia.

28	Nippon Lighthouse (Welfare Center for the Blind)	538-0042	2-4-37 Imatsunaka, Tsurumi-ku, Osaka-shi, Osaka Prefecture	06-6784-4414	06-6784-4417

It runs the Rehabilitation Center for Persons with Visual Impairments, the Technical Center for Tactical Information and the Information and Culture Center for the Blind.

29	Japanese Physical Therapy Association	151-0051	3-8-5 Sendagaya, Shibuya-ku, Tokyo	03-5414-7911	03-5414-7913

It hosts academic meetings, provides social welfare services, participates in guidance for CBR projects, dispatches experts to CBR as overseas technical assistance, accepts participants in the course, and holds seminars.

Mr. Yasushi Uchiyama, Vice President, serves as a member of the JICA's "Subcommittee on Strengthening Rehabilitation of Disabled Persons in Costa Rica."

30	Human Care Association	192-0046	Pacific Review Oji 1F 4-14-1 Myojin-cho, Hachioji-shi, Tokyo	042-646-4877	042-646-4876

It was established in 1986 as the first Independent Living Center in Japan. It supports independent living in the community through wide-ranging projects such as dispatch services of attendants, various types of counseling, implementation of independent living programs and peer counseling, lectures, commissioned research, and publication of reports.

31	Phnom Penh-no-Kai	352-0021	c/o Mr. Yasuhiro Kitagawa 3-2-22 Atago, Niiza-sh, Saitama Prefecture	048-477-5600	048-477-7639

It dispatches prosthetists/orthotists to provide prostheses/orthoses to persons with disabilities caused by the civil war, particularly by landmines, in Cambodia.

32	The Support of Vietnam Children Association (SVCA)	606-8104	33-25 Takano-takeya-cho, Sakyo-ku, Kyoto-shi, Kyoto Prefecture	075-701-2095	075-701-2095

It works in the areas of education for children with disabilities, rehabilitation, and maternal and child health in the province of Ven Tre in the south and the province of Bac Giang in the north in Vietnam. At present, it carries out activities of medical care services for cardiac diseases and in cooperation for neurological diseases in the province of Ben Tre and carries out activities in maternal and child health and CBR in the province of Bac Giang.

33	Japan Deafblind Association	101-0051	Jinbo-cho Center Bldg. 7F 2-5 Kanda Jinbo-cho, Chiyoda-ku, Tokyo	03-3512-5056	03-3512-5057

To support the person with visual and hearing impairments or the deaf-blind person, it provides counseling services through telephone, fax and face-to-face interviews with the deafblind and his/her family members so that he/she is able to receive adequate social welfare services.

34	Inclusion Japan	105-0003	Zenkoku Tobacco Center Bldg. 8F, 2-16-1 Nishi-Shinbashi, Minato-ku, Tokyo	03-3431-0668	03-3578-6935

As an organization of persons with intellectual disabilities, it presents policy proposals in the areas of education, welfare and employment and strengthens collaboration with relevant organizations. It also provides counseling services, holds national meetings and training courses, and provides assistance to daily living and self-advocacy activities.

35	Tokyo Helen Keller Association, Inc	169-0072	3-14-20 Okubo, Shinjuku-ku, Tokyo	03-3200-0525	03-3200-0608

As comprehensive facilities for the welfare of persons with visual disabilities, it runs the Helen Keller School, Braille Publishing House, Braille Library and Center for Equipment for the Blind. It hosts the Helen Keller Commemorative Musical Contest and implements an exchange project with the blind in overseas countries and guide-helper training courses.

36	Japan Federation of the Blind	169-8664	2-18-2 Nishi-waseda, Shinjuku-ku, Tokyo	03-3200-0011	03-3200-7755

It keeps in contact with organizations of persons with visual impairments in Japan and implements support projects. It has established and manages a Braille library, a Braille publishing house, a counseling center for rehabilitation and a recording workshop. It also manages a Braille information network, sells welfare equipment/tools, and conducts research studies on welfare in general.

37	Ginreikai – AFLA (Asian Federation of Laryngectomees'	108-0014	Tokyo Shogaisha Fukushi Kaikan, 5-18 Shiba, Minato-ku, Tokyo	03-3455-6321	

	Association)				

It holds lectures primarily on esophageal speech (or voice) for vocal training of laryngectomees.

38	Japan International Blind Exchange and Cooperation Network (JIBEC)				
39	BHN Association Telecom for Basic Human Needs	169-0074	NTT Shinjuku Bldg. 3F 1-5-1, Kita Shinjuku, Shinjuku-ku, Tokyo	03-5348-2221	03-5348-2223

It is the only NGO that is specialized in the area of telecommunications. It carries out humanitarian support activities from the standpoint of telecommunications to medical facilities in Asia and emergency aid activities for the victims of disasters that take place around the world. It carries out telediagnosis jointly with ITU.

40	Himawari-no-kai (NPO certified by the Cabinet Office)	102-0075	Idemitsu Bldg. No. 2, 30-8 Sanban-cho, Chiyoda-ku, Tokyo	03-5226-7226	03-5226-7227

It provides assistance for childbirth and child rearing. It distributes a "maternity mark" for pregnant women.

41	ADDP (Ajia-no shougaisha wo shiensuru-kai)	114-0002	Marusan Bldg. 2-16-13 Oji, Kita-ku, Tokyo	03-3914-1632	

It carries out aid activities to persons with disabilities in Laos. It hosts a leadership training seminar for persons with disabilities, provides assistance to sports and IT for persons with disabilities, and implements a project for persons with visual impairments.

42	Japan Overseas Christian Medical Cooperative Service (JOCS)	169-0051	2-3-18-33 Nishi-waseda, Shinjuku-ku, Tokyo	03-3208-2416	03-3232-6922

It dispatches workers (physician, public health nurse, midwife, nurse, dietician, expert on education for the child with disability, and nursing teacher) to various organizations in Asia and Africa. In recent years, there is a growing demand in the area of disability such as physiotherapists and vocational therapists. It also extends its cooperation by providing scholarships to students in health medicine who wish to work in their home towns in the future, thereby contributing to improving the level of health medicine in those regions.

43	Healing Family Foundation Japan Saga Network				

It is a network located in Saga prefecture and works in cooperation with the Healing Family Foundation in Chiang Mai, Thailand to enhance the level of welfare services in Asia. It was established by the "Parents' Group" of persons with disabilities in Chiang Mai and runs the Creative Center to support creative activities such as hand-weaving, singing and dancing.

44	Ainowa Undo Kikin	564-0051	c/o Duskin Head Office, 1-33 Toyotsu-cho, Suita-shi, Osaka Prefecture	06-6821-5270	06-6821-5271

It aims for the independence of persons with disabilities and harmonious living with all people in society. Its main activities include the "Duskin project to dispatch persons with disabilities for overseas leadership training" which is a system to send persons with disabilities to overseas training and the "Duskin-Asian-Pacific leadership training for persons with disabilities" which is a project to develop human resources with the aim that youths with disabilities in the Asian and Pacific region learn about the welfare services for persons with disabilities in Japan.

45	Japanese Service Dog Resources Academy	222-0033	Narita Bldg. 9F, 2-12-3 Shin-yokohama, Kohoku-ku, Yokohama-shi, Kanagawa Prefecture	045-475-4925	045-475-4926

It collects and provides information concerning development and extension of assistance dogs inside Japan and overseas. It carries out consultation for people who wish to become trainers of assistance dogs. It plans the projects to promote the training of assistance dogs and enhance the social participation of the users of assistance dogs.

46	Yokohama-the Kingdom of	259-	c/o Kokusai Gakuen Hojin	0463-71-	0463-70-

Bhutan Friendship Society	0131	Honbu, 716-2 Nakazato, Ninomiya-cho, Naka-gun, Kanagawa Prefecture	4080	3041
It promotes economic and cultural exchange projects between Japan and the Kingdom of Bhutan. It helps organize and coordinate economic assistance for enhancing cultural activities and education, improving welfare services, and promoting the self-reliance of persons with disabilities in the Kingdom of Bhutan and implements such projects.				

The organizations listed above are the full members of the Japan NGO Network on Disabilities (JANNET) except 44 and 45 that are its supporting members.

Appendix 13: List of International Initiatives and Relevant Treaties

First period: International disability policy based on the medical model (1945~1970s)
1. Technical assistance activities in the area of rehabilitation
・1950 Social Rehabilitation of the Handicapped (Economic and Social Council)
・1952 International Rehabilitation Coordination Plan (Resolution by the Social
          Commission – the present Social Development Commission)
・1965 Rehabilitation of Persons with Disabilities (Resolution by the Economic
          and Social Council)

2. International human rights criteria under an international environment in which the medical
        model was prevalent
・1948 Universal Declaration of Human Rights (Its article against discrimination does not include
          "disability." This point also applies to the 1966 International Covenant on Civil and
          Political Rights.)
・1961 European Social Charter – A traditional institution-based view of disability

3. Towards separation from the medical model
・1969   Declaration on Social Progress and Development – Making a brief mention of
          discrimination against persons with disabilities
・1971 Declaration on the Rights of Mentally Retarded Persons – This is the first
international human rights criteria of persons with disabilities, but limited
          to "partial participation and equality."
・1975   Declaration of the Rights of Persons with Disabilities – The first step towards "full
          participation and equality."

Second period: Beginning of the UN disability policy based on the human rights model (establishment of DPI) – Increasing awareness as to human rights and elimination of social barriers (in the 1980s)
1. Establishment of international human rights criteria towards the human rights model
・1980 Plan of Action for the International Year of Disabled Persons (short-term framework from
          1980-1981) – making mention of social barriers
・1981 International Year of Disabled Persons – declared "full participation and equality"
・1982 World Program of Action concerning Disabled Persons – three goals: rehabilitation,
          disability prevention and opportunity equalization
・1983 The UN Decade of Disabled Persons (1983~1992) – period to raise awareness of human
          rights such as opportunity equalization, social participation, and elimination of social
          barriers
2. Implementation of the International Human Rights Standards of Persons with Disabilities
・1987 Global Meeting of Experts in Stockholm – pointed out that the government's policies and
          activities were half-hearted in many countries.
・1987 Began monitoring of the World Program of Action concerning
          Disabled Persons (1987, 1992, 1997 and 2002 to be reported)
・Partial recovery of functions of the UN human rights system – Discussions on the
   Utsuhomiya Hospital event, Despouy Report, and principles for improving mental health care
   (1991 resolution by the General Assembly)
3. Failure in the attempt to adopt the convention against any forms of discrimination against
        persons with disabilities (1987 Italy and 1987 Sweden) – Standard Rules

Third period: Extension of the UN disability measures based on the human rights model – Extension of international and national action concerning human rights and the elimination of social barriers (1990s)

1. Strengthening the implementation of the International Human Rights Standards of Persons with Disabilities
・1993 Standard Rules on the Equalization of Opportunities for Persons with
  Disabilities (Standard Rules – presented a "supplementary document" to the Standard Rules in 2002)
・1995 Began the monitoring of the Standard Rules (reports were presented in 1995
  (interim report), 1997, 2000 and 2002)
・Functional recovery of human rights organizations (Committee on Economic,
  Social and Cultural Rights, Women's Anti-Discrimination Committee, Committee on the Rights of the Child)
2. Activities at the regional level
・1993 Asian-Pacific Decade of Disabled Persons (1993-2002) –
  Agenda for Action with 12 major policy categories and "107 goals"
・1999 Adoption of the Inter-American Convention for the Elimination of All
  Forms of Discrimination against Persons with Disabilities (not in force yet)
3. Countries that enact an anti-discrimination law and set up a human rights committee have rapidly increased in number.
・There are already more than 40 countries that have a law to ban discrimination against persons with disabilities including anti-discrimination laws for disabled persons such as ADA and DDA.
・Disability-related human rights committees and ombudsmen have been established in an increasing number in Europe, Asia and Africa. The courts in many countries began activities.

Fourth Period: Age of "integrated" and "complementary multilevel" systems to guarantee human rights with the treaty on the rights of persons with disabilities based on the human rights model (2000s)
・2000 African Decade of Disabled Persons (2000~2009)
・2001 Establishment of an Ad Hoc Committee to study the elaboration of proposals concerning the rights of persons with disabilities (General Assembly Resolution 56/168 (The Special Committee began its activities in 2002.)
・2003 European Decade of Disabled Persons
・2003 Second Asia-Pacific Decade of Disabled Persons (2003-2012)
・2003 Establishment of the Human Rights Committee in Japan; The Committee on Economic, Social and Cultural Rights advised Japan to stipulate the anti-discrimination law for persons with disabilities (2001)
・2004 Arab Decade of Disabled Persons (2004-2013)
・2006 Decade of the Americas for the Rights and Dignity of Persons with
  Disabilities (2006~2016)
・2006 Adoption of the Convention on the Rights of Persons with Disabilities
・2008 The Convention on the Rights of Persons with Disabilities came into force.

Source: Final Commemorative Forum of the Asian and Pacific Decade of Disabled Persons: Special Forum in Tokyo.
Reference: Satoshi Kawashima, Convention on the Rights of Persons with Disabilities and Barrier-free Society: How far has the UN come? Let's send a tail wind from Asia!

Appendix 14: Change in various concepts associated with assistance for persons with disabilities

1. Change in the view on the person with disability

From ancient days to modern times, there are a variety of views on the person with disability in society. Such views have undergone changes amidst various global activities typically including the world's movements[42] by persons with disabilities themselves and their families, the UN Declaration on the Rights of Persons with Disabilities in 1975, and the World Program of Action concerning Disabled Persons in 1982.

The Declaration on the Rights of Disabled Persons defines that "the term disabled person means any person unable to ensure by himself or herself, wholly or partly, the necessities of a normal individual and/or social life, as a result of deficiency, either congenital or not, in his or her physical or mental capabilities." The World Program of Action concerning Disabled Persons proclaims that "(the person with disability) has equal rights with all people and must be guaranteed equal opportunities."

Thus, in recent years the view has shifted from regarding the person with disability as "a special and different person" (as shown in A, B and C below) to that of "a normal citizen" (as shown in D and E below).

A. Idea of exclusion

This is an idea in which the person with disability is excluded as a burden. Historically, this view was rather widespread around the world. In particular, in an initial stage of capitalistic society and in militaristic society the view that the person with disability was a "burden" was prevalent. This view clearly underlies the Japan's Eugenic Protection Law (revised as the Maternity Protection Law in 1996). This view still dies hard.

B. Idea as an object of pity/sympathy

This is a view in which the person with disability is looked upon as "a pitiful person" or "a person to be protected." In this idea there is a distinct paternalistic relationship between the protector and the protected. The idea that the person with disability is not deemed to be an equal person is similar to the idea of exclusionism. Even today, this idea still strongly survives. There are cases in which the family members of a person with disability take care of him/her primarily inside the house and do not let him/her go out. In such cases, the family often harbors this idea.

C. Perception as a "hero"

In this view the person with disability is regarded as a "person who tries hard" or a "remarkable and admirable person." For instance, a housewife who has a disability on her hand and yet still does the cooking is viewed as someone "deserving merit because she cooks despite her disability." The person who takes her physical condition as normal may be offended by this kind of attitude. In many cases the person who has this view thinks that he/she looks at disability positively, but it is the same with the other two views in that the person is considered to be a special individual.

D. Idea of harmonious living

This is a view in which the person with disability is not a special individual. That is, he/she has the same desires and rights as people without disabilities and is should therefore be treated as an equal partner in society. Under this idea, the person with disability and other citizens respect the rights of others, thereby aiming to create a society where people support one another.

E. Idea that "disability is a personality"

This is an idea that has advanced one step forward from the idea of harmonious living. Disability is not viewed as special, but is construed as one of the many physical features which is the same as being tall, being short or having long hair. This idea has spread especially amongst persons with disabilities. In Japan the 1995 White Paper on the Person with Disability (by the

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[42]

Prime Minister's Office) introduces this idea.

BOX14-1 Normalization

The notion of normalization originated in the movement initiated by a parents' group for persons with intellectual disabilities in Demark in 1952. At that time, many persons with intellectual disabilities lived in the facilities called "colony." The parents learned that their children's rights had been seriously violated within the Colony, thereby launching the movement to deinstitutionalize their children. This marked the beginning of the principle of normalization. The concept of normalization offered by N. E. Bank-Mikkelsen, called the "father" of normalization, can be summarized as "to create life conditions as close to normal life conditions of persons without disabilities as possible for persons with disabilities." He argued that the notion "to normalize" did not mean that persons with disabilities would be made "normal," but meant to make their life conditions normal and that "normal life conditions" were ordinary life conditions in which the people of the country live. Thus, the principle of normalization was born, advocating that each person leads a normal life in the community.

Inspired by the movement for the normalization principle in Denmark, Sweden took swift action to establish such a law. In this law it is explained that "the daily life and conditions of all persons with intellectual disabilities should be made as near to a normal social environment and lifestyle as possible."

Thereafter, the normalization principle was exported to America, where the independent living movement and deinstitutionalization had been already been under way.   In the U.S.A. the concept was reformulated and developed to mean "the utilization of culturally valued means in order to establish and/or maintain personal behaviors, experiences and characteristics that are culturally normative or values (Wolfensberger 1977). It can be said that the primary feature of this idea is culturally specific and an integrated theory that does not approve of the conventional facilities.

This idea of normalization greatly affected the adoption of the Declaration on the Rights of Mentally Retarded Persons (1971) and the Declaration on the Rights of Disabled Persons (1975)" by the United Nations. Subsequently, the idea spread internationally through the International Year of Disabled Persons and the UN Decade of Disabled Persons creating a worldwide current. As stated earlier, the notion of normalization stems from the movement by the parents of persons with intellectual disabilities, but today it is accepted as a principle common to all spheres of social welfare for all persons with physical and mental disabilities and also older people and children.

Source: (Summarized) "New Edition: Social Welfare Study Series 2002:3: Discourse on Welfare for Persons with Disabilities," National Welfare Association, 2002, p. 31-32; and Kazumi Ishiwatari, "Q&A: Basic Knowledge of Disability Problems," Akashi Shoten, 2001, p. 67-68）

BOX14-2: Independent Living Movement (IL movement)

The movement was born in 1962 when Edward Roberts, "the father of the independent living movement," entered the University of California Berkley. At that time in the United States of America, the Civil Rights Act was stipulated, and African Americans and women were aggressively involved in civil rights movements. Under the influence of the civil rights movements, students with disabilities advocated that the person with severe disability should be able to spend their college life in the community with the necessary support. As a result, the Physically Disabled Students' Program was launched. In 1972 the Independent Living Center was established at Berkley, which became the "Mecca of IL movement." Edward Roberts became the director of the California Department of Rehabilitation, thereby having a great impact on persons with disabilities around the world. In particular, his speech "From charity to independence!" is widely known.

Independence means the right to self-determination and self-choice. Suppose you receive care service, you are still considered to be independent as long as you

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have been living your own lifestyle based on your decisions and choices. This new "concept of independence" was established through the IL movement.

The IL movement has also brought about a new technique called "peer counseling," in which a person with disability gives counseling to another person with disability based on his/her own life's experience. Peer counseling gives the counselor a high sense of self-esteem and is a great driving force for him/her to live their life positively and with greater confidence.

Furthermore, the IL movement can be briefly summed up as "an advocacy movement for the rights of persons with disabilities." The movement was successful in winning a social recognition of the right of the person with severe disability to live a normal life as a human being and establishing its support system. In that process, the roles to be fulfilled by the person with disability, in other words, the duties to be carried out by the person with disability, were clearly delineated and further the status of the person with disability was firmly defined in society.

(Kazumi Ishiwatari: (Summarized) "Q&A: Basic Knowledge of Disability Problems," Akashi Shoten 2001, p. 58~61)

2. Change in the concept of rehabilitation

The word "rehabilitation" can be traced back to the medieval age of Europe. At that time, the word was used to mean "restoration of the status, privilege, asset, and honor that have been once lost to the former condition."[43] The First World War directly led to the application of the concept of rehabilitation to persons with disabilities. In the U.S.A., for instance, the Soldiers Rehabilitation Act was enacted in 1918 in order to meet the needs of war-disabled people for social rehabilitation (job and life guarantee), thereby constructing care facilities for physiotherapy and occupational therapy. The Second World War produced a greater number of war-disabled people. In order to promote their social rehabilitation, they were provided with medical rehabilitation focusing on functional recovery of locomotive movements and vocational rehabilitation focusing on job training. From the Second World War to the postwar days, the target population was expanded to include old people, persons with disabilities caused by disease, persons with impaired sensory organs such as eye and ear and persons with mental disorders.[44]

From 1960 to the 1970s, the principle of normalization was adopted, and also the IL movement emerged for persons with disabilities primarily in Europe and America, with which disability began to be perceived as a "social" problem instead of an "individual" problem, thereby forming attitudes and thoughts to call for social reforms.[45] Under these ideas, the main actor of rehabilitation is not the professional but the person with disability himself or herself.

From the 1980s, emphasis has been placed on the quality of life (QOL).[46] With it, the objective of rehabilitation has shifted from independence in the activities of daily living (ADL) to the improvement of the quality of living and life (QOL). That is, what rehabilitation aims at is to reinstate a person to live as a whole person,[47] that is to say, the attainment of the highest quality of life that each person deserves and is meant for.

On the other hand, the UN organizations led by WHO use the definition proposed by WHO in

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[43] The etymology of "rehabilitation" is traced to the status-related and religious measures in the medieval age in Europe. That is, the term was originally used for cases in which the king reinstated his subject to his former status once deprived of or the church forgave an excommunicated follower and lifted his/her anathema. Subsequently, its religious meaning grew fainter, and the term was used to mean "rescission of false charges." Gradually, it began to be construed as "redeeming one's lost honor."

[44] One of its background factors is the measure to address a shortage of the labor force over the period from World War II to the immediate postwar days.

[45] This concept is expressed as the "social model" in contrast to the "medical model" which perceived that disability was an individual's problem and needed to be dealt with by individualized care and medical care services by professionals.

[46] QOL is generally translated as the quality of life. However, it also implies the "quality of life span" and the "quality of living." Mr. Satoshi Ueda argues that QOL consists of the activities of daily living (ADL), labor/job, economic life, home life, social participation, hobby, cultural activity, travel/leisure activity, and sports.

[47] To put it more specifically, it means to recover the right to live in the way any human being deserves.

1968 that rehabilitation is "the combined and coordinated use of medical, social, educational and vocational measures[48] for training or retraining the individual to the highest possible level of functional ability (WHO 1968)." A comprehensive approach, as practiced today, was given a clear direction by this definition.

The most widely used definition of rehabilitation today is the one offered in the UN "World Program of Action concerning Disabled Persons." "Rehabilitation means a goal-oriented and time-limited process aimed at enabling an impaired person to reach an optimum mental, physical or social functional level, thus providing her or him with the tools to change her or his own life."(WHO 1982) This definition greatly changed the idea and system of rehabilitation. First, in earlier days rehabilitation tended to focus on only its medical aspect. This definition, first, shows the possibility of restoring mental and social functions and then demonstrates clearly the need to take an integrated approach in rehabilitation. Second, it is the person with disability himself or herself that decides the level of functions to attain. This means that the person with disability him/herself is given the tools to change his/her life. Third, it has been clarified that rehabilitation services should be limited by time.

The World Program of Action concerning Disabled Persons identifies three criteria of "action," (1) prevention, (2) rehabilitation and (3) equalization of opportunities. That is, rehabilitation is used by a narrow definition and these three key words sum up diverse and comprehensive services of rehabilitation. In this context, the framework of rehabilitation has been narrowed in contrast to the above-stated definition insisting that a person is to be reinstated to live as a whole person. In short, it can be expressed as "reinstatement as a whole person = rehabilitation + equalization of opportunities."

Furthermore, the Standard Rules of the Equalization of Opportunities for Persons with Disabilities,[49] adopted in December 1993 states, "the term 'rehabilitation' refers to a process aimed at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual psychiatric and/or social functional levels, thus providing them with the tools to change their lives towards a higher level of independence (WHO 1993)." A distinct feature of this definition is that "rehabilitation" is limited to improving and maintaining diverse functions of the individual with disability.

BOX14-3 Community Based Rehabilitation (CBR)

CBR is a rehabilitation technique that has been extensively practiced in the community in developing countries. As is self-explanatory, CBR is rehabilitation rooted in the community. However, many definitions have been proposed, and there are diverse approaches in its implementation method depending upon cultural, religious and social factors of the target community.[50] Generally known definitions are those announced in the "Joint Position Paper" in 1994 and in the revised "Joint Position paper" in 2001 by WHO, ILO, UNESCO. According to the definition in the "Joint Position Paper" in 2001, the definition and the objective are as follows.

Definition: CBR is a strategy within general community development for rehabilitation, equalization of opportunities and social inclusion of all children and adults with disabilities. CBR is implemented through the combined efforts of people with disabilities themselves, their families and communities, and the appropriate health, education, vocational and social services.

Objective: The major objective is to ensure that persons with disabilities are able to maximize their physical and mental abilities, to access regular services and opportunities, and to become active contributors to the community and society at large, whereby they activate communities, promote and protect the human rights of people with disabilities through changes within the community.

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[48] See Appendix 5 for detailed descriptions of each type of rehabilitation.
[49] In the Standard Rules on the Equalization of Opportunities for Persons with Disabilities, "Standard Rules" is translated as "標準規則 (Hyojun-kisoku)" in Japanese in the government-related documents, but "基準規則(Kijun-kisoku – basic rules)" is used in many other documents as well.
[50] See Appendix 6 for a more detailed discussion.

WHO is making a manual concerning CBR implementation methods. Characteristically, CBR emphasizes the importance of utilization and mobilization of available local resources (human, physical and institutional resources) and multi-sectoral collaboration involving welfare, health, education and labor instead of only one sector's involvement. Above all, a CBR program needs to be planned with the consumers of services (persons with disabilities and their families) at the core and put into practice under the ownership of the community.

3. Change in the classification of disabilities

Together with the transition of the view on the person with disability and the definition of rehabilitation, the perception on disability has undergone many changes as well. In former days, it was conceived as a physical dysfunction caused by disease or accident, that is, a narrow perception from medical and biological levels. Today it has changed to a wider perception inclusive of the individual's ability issues and social disadvantages. This shift can be clearly seen in the transition of the classification of disabilities by WHO.

WHO published the International Classification of Impairments, Disabilities and Handicaps (ICIDH) in 1980 from medical and social perspectives. The greatest significance of this classification is that it illuminates disability from a three-level hierarchical structure, namely, impairment, disability and handicap. "Impairment" is "an explicit manifestation of a disease or an injury," which, in turn, causes "disability" that "limits activities in daily living," which then brings about a "handicap" that "hinders the person from performing regular social roles." By clarifying these three hierarchical structural levels, it became possible to theorize an approach to assistance for the person with disability. That is, we can take a remedial measure not to cause handicaps even if the person may have disability.[51]

Figure 14-1: Disability structural model of the International Classification of Impairments, Disabilities and Handicaps (ICIDH)
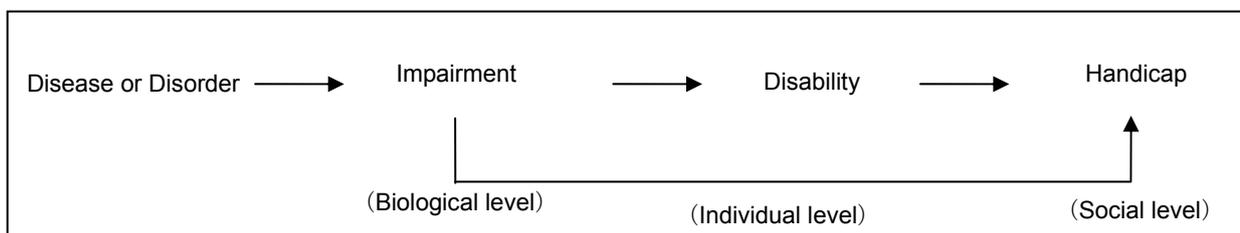
ICIDH was meaningful in terms of theory and practice, but some criticisms were raised typically saying that it illuminated only a negative aspect of disability. In response to the criticism, WHO started a review on ICIDH in the 1990s and after a series of work for revision, a new international classification of the functions for living called the International Classification of Functioning, Disability and Health (ICP) was adopted in the WHO General Assembly held in May 2001, thereby establishing the first classification of disability including a positive aspect of disability, i.e. human living functions.

The three-level hierarchical structure indicated by ICIDH has been inherited by ICF, but each level is shown as a positive or objective category.

• Impairment → Body functions and structure

• Disability → Activity

• Handicap → Participation

Another distinctive feature is that it shows relationships between disability and environment by adding environmental factors (living environment, human environment, social prejudice, and social services, etc.)[52]

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[51] See Appendix7 for more detailed information.

[52] See Appendix7 for more detailed information.

Figure 14-2: Living function structural model of ICF
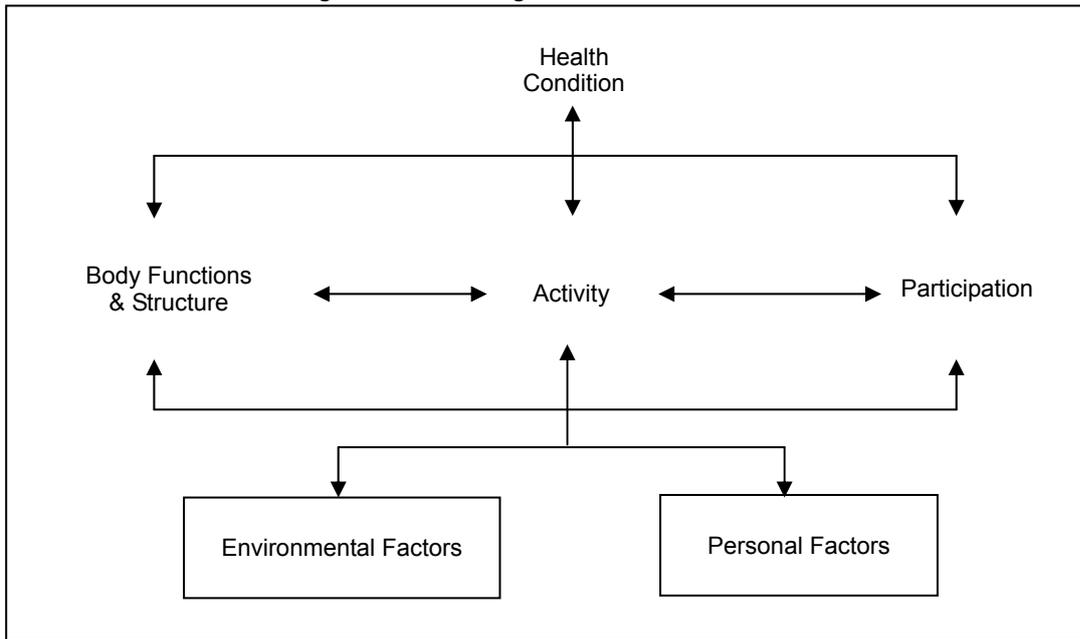
Reference material 1: Explanation of Terminology

あ行	
異常行動	Strange behavior
移動障害	Locomotive disability
医療モデル	Medical model The cause that creates needs is attributed to medical reasons such as disease and physical dysfunction from the viewpoint of the professionals' side. The service provider monopolizes professional knowledge and techniques and has the role to offer his/her service to the user in one-way direction. For him/her, the user is a person who is given knowledge and follows professional guidance given by him/her. (Hisao Sato and Atsushi Ozawa, "A World of Welfare for Disabled Persons" by Yuikaku ARMA p. 106-107). It is a method under which psychological and social problems are understood in the disease model and addressed from the standpoint of diagnosis and treatment. This is an approach adopted in the traditional social casework in which the user is taken as the object of treatment. (New Edition Social Welfare Series: 2002, Discourse on Welfare for Persons with Disabilities, p. 188)
インクルーシブ教育	Inclusive education The idea of "inclusion," the basic philosophy, is applied to an educational situation. "A flexible education system is necessary to attract and sustain a group of marginalized or excluded children. What is essentially needed is an inclusive education system that actively gathers children who have not been enrolled at school and flexibly meets the conditions and needs of each child. ("Education for all: Fulfillment of collective obligations." See Appendix 7 for more details.)
運動障害	Mobility impairment
か行	
義肢装具士、義肢製造士	Orthotist / Prosthetist
ケアマネジメント	Care management Many definitions have been offered to care management. The three definitions that are most broadly used in Japan are introduced here. The first definition states "activities of a person (or a team) that makes a plan on organizing, coordinating and maintaining formal or informal support and an activity network with the aim to enable an individual with diverse needs to maximize his/her own functions and live in health." (D. P. Moxley "Practice of Case Management" translated by Takeshi Nonaka and Hiroko Kato, Chuo-hoki, p. 12, 1994). The second definition says "care management is comprehensive support to identify accurate needs of each individual and provide him/her with services to satisfy them towards his/her independence and QOL." (1996 Takahito Takeuchi, Care Management, Ishiyaku Shuppan, p. 11). The third definition states, it is "a series of procedures to connect multiple needs of an individual in his/her social living with proper social resources" (Shirasawa Masakazu, Textbook for

	Training Care Managers, Chuo-hoki). It is a process of identifying the needs of an individual who are in need of social support, making a care plan to meet the needs, and implementing coordination to connect proper social resources with the needs (Ishiwatari Kazumi. Q&A: Basic Knowledge of Disability Problems). The method of care management consists of 7 stages: (1) entrance (outreach and intake), (2) assessment, (3) to set the goal of the support and make a care plan, (4) to implement the care plan, (5) monitor the way in which the services are provided and followed-up, (6) reassessment, and (7) completion. The key to care management is the recognition that it extends a helping hand to assist the self-determination of an individual who needs support.
言語障害	Speech impairment
言語聴覚士	Speech therapist
交通バリアフリー法	Barrier-free transportation Law The Law concerning the Promotion of Accessibility of Public Transportation Systems for Elderly People and Persons with Physical Disabilities was put into force on November 15. This Law mandates relevant parties to comply with the Barrier-Free Standards including installation of elevators and escalators when a new station is constructed or a station is extensively remodeled or when a new train is introduced to ensure safer and easier accessibility to public transportation systems for older people and persons with disabilities and promotes the elimination of barriers in the area surrounding a station together with the municipality. (Hisao Sato & Atsushi Ozawa, "A World of Social Welfare for Disabled Persons," Yuikaku). See Appendix 8 for more details.
国際手話	International Sign Language Unlike Japanese sign language and American sign language that have well-defined grammar, it is a mode of communication born out of common sign language gestures created by the World Federation of the Deaf so that people who use variable sign languages around the world are able to communicate. Based on the common gestures, sign language vocabularies have been developed in the way in which a diversity of people are able to understand each other as a mode of communication. The international sign language is used as one of the official languages in the international events of the deaf.
さ行	
作業療法士	Occupational therapist
サナトリウム	Sanatorium
サービス提供団体	Service delivery organization It is a specialized organization, group or facility that provides professional services directly to persons with disabilities in a manner appropriate for each case.
支援団体	Organizations for PWD Basically, it is a specialized organization or group (for instance, Japan Society for Rehabilitation of Persons with Disabilities and Japan National Council of Social Welfare)

	excluding the service delivery organization.
視覚障害	Visual impairment
児童養護施設	Children's Institution
自己決定権と 自己選択権	Right of self-determination The right of self-determination refers to the right that the person makes decisions as to his/her life and lifestyle on his/her own responsibility. One of the basic principles of rehabilitation is that the main actor of rehabilitation is the person with disability. This means that he/she makes a decision on what efforts he/she should make and choose. In earlier days, rehabilitation and problem solving were usually in the hands of professionals in terms of evaluation and guidance. However, today's common understanding is that "self-choice/self-determination" is the essential element, and professional information and techniques are provided to make the appropriate choice and decision. This is also true of the basic principle of independent living. (Lecture for Certified Social Worker 3: Discourse on Welfare for Persons with Disabilities) (New edition: Social Welfare Study Series: Discourse on Welfare for Persons with Disabilities)
四肢変形	Limb deformity
施設型リハビリテーション	Institution-based Rehabilitation(IBR)
社会生活行為	ASL Activities of social life Daily activities in social life such as domestic affairs and driving a car, etc.
(社会的)弱者	The (socially) vulnerable
社会モデル	Social model The model is based on the belief that any difficulty with which a person is faced when he/she has disability is not attributable to the individual's responsibility but to the society's responsibility. Therefore, it is necessary to change society.
障害児	Children with disabilities (CWD)
障害者	Persons with disabilities (PWD), disabled persons or people
障害者自助団体	Self-help organization of PWD It includes various organizations established by persons with disabilities themselves such as organizations of persons with disabilities (like the center for independent living) and also including service groups established by PWD themselves such as service delivery organizations.
自立生活支援モデル	Independent living support model This is a model that shares and incorporates the perspectives of dichotomized models such as the social model and the life model and to connect both. Specifically, the model advocates the necessity of a type of support that has an aspect of professional techniques and at the same time empathy with independent living.
身体障害	Physical disability
生活モデル	Life model The model is based on interactions among various factors in daily living from the perspective of persons with disabilities. The service user is an individual who understands experientially necessary knowledge and has a potential for solving his/her needs by himself or herself. The service

	provider should play the role to work upon the service user in the way in which his/her potential will be developed and realized jointly with the user. (Hisao Sato and Atsushi Ozawa. "A World of Welfare for Disabled Persons," Yuikaku ARMA, p. 106-107). This is an approach systematized from an ecological perspective to review the treatment function of the medical model. Emphasis is placed on interaction between the person and environment and aims for improving the interaction by strengthening the adaptability of the person and by increasing environmental responses to the person (New edition: Social Welfare Study Series 2002 – Discourse on Welfare for Persons with Disabilities. p. 191)
整形外科的障害	Orthopedically handicapped
精神障害	Mental disability
切断手術を受けた人 肢切断者	Amputees
戦争障害者、戦傷者、戦傷病者	War-disabled people
先天的障害	Congenital disability
た行	
地域統合	Community integration
地域に根ざしたリハビリテーション	Community-based Rehabilitation(CBR) See Appendix 2 for details.
知的障害	Intellectual disability, Learning disability
知的障害者	Person with intellectual disability
聴覚障害	Hearing impairment
聴覚障害者	Hearing impaired persons
重複障害	Multiple disability
通級指導	Special support education While the child with a mild disability who is enrolled in the special support class receives lessons in a regular class, he/she also receives special lessons in a special class. It was institutionalized in fiscal 1993.
てんかん	Epilepsy
当事者団体・協会	Organization of PWD／DPO: Disabled People's organization Including organizations of persons with disabilities, association for parents with children with disabilities and groups of families with PWD
特殊教育	Special education
な行	
日常生活動作	ADL　　Activities of daily living This is an indicator of medical rehabilitation to assess the extent to which an individual is able to fulfill daily activities such as eating, elimination, bathing, dressing and undressing, and moving around. (New edition: Social Welfare Study Series 2002 – Discourse on Welfare for Persons with Disabilities. p. 35)
は行	
ハートビル法	Heart Building Law The Law concerning the Promotion of Construction of Specific Buildings and Facilities Accessible for Elderly People and Persons with Physical Disabilities, Etc. was put

	into force on September 28, 1994 (so-called Heart Building Law). It is the first "accessibility" law in Japan enacted to apply "barrier-free designs." The Law has legally established the barrier-free design standards that are nationally common as technical standards of construction designs, thereby bring an end to locally variable measures (Social Workers Training Lectures 3: Discourse on Welfare for Disabled Persons). The buildings that the Law is applied (specific buildings) include 16 types of buildings such as hospitals, department stores, hotels, post offices, health centers and banks, and the facilities include entrance, hall, staircase, elevator and escalator, toilet, parking lot, and paths within the precinct. The Law establishes two-level minimum development standards, Basic Standards and Guiding Standards. The Guiding Standards are the criteria that set desirable standards for using a building safely and comfortably. Special measures are taken for the buildings that satisfy the Guiding Standards including subsidies and loans for facility development an increased ratio of building volume to lot, and business tax (Hisao Sato and Atsushi Ozawa, A world of Welfare for Disabled Persons, Yuikaku). See Appendix 8 for details.
ハンセン病	Leprosy
普通学級	Normal class
普通学校	Regular school
訪問型リハビリテーション	Outreach Rehabilitation
補そう具技師	Prosthetist
ポリオ	Polio
ま行	
麻痺	Paralysis
盲人	Blind person
ら行	
理学療法士	Physiotherapist
リハビリテーション	Rehabilitation There are various definitions of rehabilitation. The major four types of rehabilitation are medical rehabilitation, vocational rehabilitation, educational rehabilitation and social rehabilitation. See Appendix 1 for details.
療護施設	Nursing home
労働災害	Work accident
聾者	Deaf person

Kazumi Ishiwatari, Q&A: Basic Knowledge of Disability Problems, Akashi Shoten, 2001.

Hisao Sato and Atsushi Ozawa, A world of Welfare for Disabled Persons, Yuikaku MSRMA, 2000

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