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# JICA Thematic Guidelines on Disability

Japan International Cooperation Agency

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# JICA Thematic Guidelines on Disability

**Abstract**
[Excerpt] According to the United Nations (UN), there are approximately 600 million people worldwide with some form of disability, of which about 60 percent live in developing countries and only a small percentage are said to receive services such as rehabilitation. In developing countries, disability and poverty are closely connected, and the great majority of persons with disabilities are living in absolute poverty. They are not receiving the benefits of development, and it is not easy for them to participate in the development of their country. While a participatory approach to development is widely employed, measures to recognize persons with disabilities as participants have not yet been properly implemented in all fields of assistance. In the past, the support for persons with disabilities has been seen as part of social welfare assistance, and has tended to focus on persons with disabilities only as its beneficiaries.

**Keywords**
Japan, guidelines, disability, person, implementation, welfare, health care, education, employment, recreation, sports, training, living environment, person

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# JICA Thematic Guidelines on Disability

October, 2003

Japan International Cooperation Agency

# Table of Contents

Chapter 1 Overview of support for persons with disabilities 1

1-1 Development assistance and support for persons with disabilities
1-2 History and current situation of support for persons with disabilities
1-2-1 Transition of various ideas on support for persons with disabilities
1-2-2 International trends in the area of persons with disabilities
1-2-3 Trends of Japan's aid

Chapter 2 Approaches to supporting persons with disabilities 18

2-1 Purposes of supporting persons with disabilities
2-2 Basic policy for supporting persons with disabilities
2-3 Issues to consider in implementation

Chapter 3 Guideline 1: Empowering persons with disabilities 24

3-1 Direction of assistance in empowering persons with disabilities
3-2 Direct assistance for empowering persons with disabilities
3-2-1 Idea of direct support
3-2-2 Key targets in direct support
3-3 Improving the conditions and environment for empowerment
3-3-1 Education
3-3-2 Training and employment
3-3-3 Welfare
3-3-4 Health care and medical care
3-3-5 Sports, recreation and cultural activities
3-3-6 Enlightenment and publicity
3-3-7 Living environment

Chapter 4 Guideline 2: Mainstreaming support for persons with disabilities 39

4-1 Addressing persons with disabilities in JICA projects
4-1-1 Full participation of persons with disabilities as beneficiaries of projects
4-1-2 Participation of persons with disabilities as project sponsors
4-1-3 Introduction of views of persons with disabilities
4-2 Improving the environment for promoting mainstreaming
4-2-1 Promotion of understanding of support for persons with disabilities by persons concerned with JICA
4-2-2 Employment promotion of persons with disabilities as JICA officials
4-2-3 Introduction of barrier-free facilities and universal design

# Chapter 1 Overview of support for persons with disabilities

## 1-1 Development assistance and support for persons with disabilities

Development assistance goals have been continuously defined and debated by countries and institutions involved in development cooperation. However, there is no question that the objective of development cooperation is to create circumstances in which all people 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.

According to the United Nations (UN), there are approximately 600 million people worldwide with some form of disability, of which about 60 percent live in developing countries and only a small percentage are said to receive services such as rehabilitation. In developing countries, disability and poverty are closely connected, and the great majority of persons with disabilities are living in absolute poverty. They are not receiving the benefits of development, and it is not easy for them to participate in the development of their country. While a participatory approach to development is widely employed, measures to recognize persons with disabilities as participants have not yet been properly implemented in all fields of assistance. In the past, the support for persons with disabilities has been seen as part of social welfare assistance, and has tended to focus on persons with disabilities only as its beneficiaries.

During the U.N. Millennium Summit in 2000, the international community adopted the U.N. millennium declaration, which outlines eight Millennium Development Goals (MDGs) as a common development framework. The MDGs, including numerical targets to be achieved by 2015, are now internationally accepted as action guidelines and each donor country and aid agency have been reviewing and integrating them into their development strategies. The eight objectives include eradicating poverty and famine, achieving universal primary education, promoting gender equality, reducing the child mortality rate, and improving maternal health. In taking all these goals into consideration, the international community must recognize the importance of addressing persons with disabilities, who are said to account for 5-10 percent of the population. It is highly important to implement cooperation projects that consider persons with disabilities in particular, who have difficulties in fully enjoying the social benefits of development assistance.

Our government's Official Development Assistance Charter states that "Japan attaches central importance to the support for the self-help efforts of developing countries towards economic take-off. It will therefore implement its ODA to help ensure the efficient and fair distribution of resources and "good governance" in the developing countries through developing a wide range of human resources and socio-economic infrastructure, including domestic systems, and through basic human needs (BHN), thereby promoting the sound economic development of recipient countries." The Charter also states that "Full consideration will be given to the socially weak, such as the disadvantaged, children and the elderly."

In addition, based on the ODA Charter, Japan's Mid-Term Policy prepared in 1999 stresses the importance of giving effective and efficient assistance by taking due heed of the needs and developmental agenda as well as views of recipient countries. It also introduces the human-centered philosophy as one of the basic principles of ODA, noting "human-centered development" is indispensable for sustainable development.

As stated in the ODA Charter, we should certainly address the concerns of persons with disabilities, aiming at fairness in resource allocation as well as bringing in the viewpoints of the socially vulnerable. At the same time, support for persons with disabilities should be an

issue to more actively tackle in seeking the human-centered development proposed in the Mid-Term Policy.

Our government laid down the "Long-term Programme for Government for Measures for Disabled Persons" in 1982, the "New Long-term Programme for Government for Measures for Disabled Persons" in 1993, the "Government Action Plan for Persons with Disabilities" in 1995, the "New Fundamental Programme for Disabled Persons" in 2002 and the "New Governmental Plan for Persons with Disabilities" in 2003. These measures and plans are at the core of Japan's policy in support of persons with disabilities, and they additionally require applying a "disability lens" to ODA and becoming more active in international cooperation in the Asia-Pacific region.

Based on the above declarations, JICA, an ODA implementing agency, understands that an equitable society where full participation is ensured should be realized through development cooperation, and the agency regards support for the persons with disabilities as one of the key issues requiring further efforts. Also, JICA, while giving flexible and proper support appropriate to the individual needs of the persons with disabilities in developing countries, aims to achieve the "full participation and equality" of persons with disabilities by committing itself not only to viewing the persons with disabilities as the beneficiaries, but also as positive agents of development. "Full participation and equality" of persons with disabilities is also achieved by ensuring that persons with disabilities can equitably participate in implementing JICA's projects, which directly and indirectly target persons with disabilities and their families, and by applying a "disability lens" to development assistance, which aims to enable persons with disabilities to enjoy in an equitable manner the advantages of JICA projects and training programs.

## 1-2 History and current situation of support for persons with disabilities

### 1-2-1 Transition of various ideas on support for persons with disabilities

(1) Transition of views on the support for persons with disabilities

From ancient times to the present day, there have been many views on persons with disabilities. These views have been changing along with the global trends[1] focused on persons with disabilities themselves and their families, or by the diversified range of worldwide programs such as the U.N. "Declaration on the Rights of Disabled Persons" in 1975 and the "World Programme of Action Concerning Disabled Persons" in 1982.

The "Declaration on the Rights of Disabled Persons" says "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 a deficiency, either congenital or not, in his or her physical or mental capabilities." The "World Programme of Action Concerning Disabled Persons" states that "(disabled persons) are entitled to the same rights as all other human beings and to equal opportunities."

As just described, views on persons with disabilities have been shifting in recent years from seeing them as a "peculiar presence" (A, B and C below) to seeing them as "normal citizens" (D and E below).

A: Thought of exclusion
This view sees persons with disabilities as obstacles. Historically speaking, this view

[1] The boxed items on page 4 introduce normalization and the Independent Living Movement.

existed across the world. In early capitalistic and militaristic societies in particular, the view on persons with disabilities as social "burdens" was predominant. The view can be identified in the "Eugenic Protection Law" (amended to the "Motherhood Protection Law" in 1996) in Japan. Even today, this viewpoint remains strongly embedded in our society.

B: Ideas of compassion and sympathy
These views see persons with disabilities as "pitiful persons" or "persons to be protected." There is a well-defined hierarchical relationship between people to protect and people to be protected. These views are similar to the exclusion view in that persons without disabilities do not treat persons with disabilities as equals. These thoughts are firmly entrenched even today. Although we sometimes see cases where persons with disabilities are cared for mainly in the house by their family members and are not let out of their houses, in most of these cases, the family members embrace these thoughts.

C: Thought of "heroes"
This view portrays persons with disabilities as "hard workers" and "heroes." This view, in which people who see a woman with disabled hands cook think "she is great because she cooks despite that she is handicapped," makes people, for whom having disabilities is normal, feel awkward. Although in most of the cases, people with this kind of view think they regard persons with disabilities with good intentions, their view is similar to those of A and B above in that they regard the persons with disabilities as special.

D: Thought of harmonious existence
This view, which is based on the notion that persons with disabilities are not special and that they have the same desires and rights as persons without disabilities, regards persons with disabilities as partners with whom we live together in society. It aims to create a society in which persons with disabilities and other citizens respect each other's human rights and support each other.

E: Thought that "disability is personality"
This view goes a step further than the thought of harmonious existence and attempts to view disability not as something special but rather as a feature, like a person's height or hair length. This thought is becoming popular among persons with disabilities. This idea was also introduced in Japan in the 1995 White Paper on Persons with Disabilities (Prime Minster's Office).

Normalization

The idea of normalization has its origin in the movement centered on the parents' association for persons with intellectual disabilities in Denmark in 1952. Although, at that time, many of the persons with intellectual disabilities were living at institutions called "colonies," this movement, started by their parents who had learned that serious human rights abuses were taking place and wanted to deinstitutionalize their sons and daughters in the colonies, marked its beginning. N.E. Bank-Mikkelsen, who is called the "father of the normalization principle," explained this idea: "Normalization is to let the mentally retarded obtain an existence as close to the normal as possible. The aim is to give the mentally retarded a normal existence, that is to say to assist with treatment of any kind and ensure living-quarters and work in the ordinary community for as many as possible." Thus was born the idea of normalization in which everyone in the area leads a normal life.

Stirred by the normalization movement in Denmark, Sweden was quick to legislate the bill. The law spelled out its objective with respect to normalization, "making available to the mentally retarded the patterns and conditions of everyday life which are as close as possible to these of the mainstream of society."

Later, the idea of normalization was exported to the U.S., where the independent living movement and the policy of deinstitutionalization had been promoted, and the idea was reconstructed there. The new idea referred to "*the utilisation of means which are as culturally normative as possible in order to establish and/or maintain behaviours and characteristics which are as culturally normative as possible.*" Its characteristics are culture-specific and promote an integrated theory not allowing the conventional institutions.

These ideas of normalization were a large factor in the adoption of the U.N. "*Declaration of Rights for the Mentally Retarded persons*" (1971) and the "Declaration on the Rights of disabled Persons" (1975), having developed and become a worldwide current by the International Year of Disabled Persons and the United Nations Decade of Disabled Persons. As noted, the idea of normalization was born from the movement of parents of persons with intellectual disabilities, and it is embraced as an idea common to all spectrum of social welfare, inclusive of all persons with physical and intellectual disabilities and elderly people and children.

(Summarized from "New Edition: Social Welfare Study Series, Mar. 2002, *shougaisha fukushiron,*; Essay on Social Welfare," National Welfare Association, 2002, pp. 31-32; Kazumi Ishiwata, *Q&A shougaisha monndai no kisochishiki; and* "Q&A: Basic Knowledge of Problems for Persons with Disabilities," Akashi Shoten, 2001, pp. 67-68)

Independent Living Movement (IL Movement)

The birth of this movement came in approximately 1962 when Edward Roberts, the father of the Independent Living Movement, entered the University of California at Berkeley. At that time in the U.S., the Civil Rights Act was enacted and the rights movements of African-Americans and women were gaining strength. Students with disabilities were influenced by these movements and hence, physically handicapped student programs were initiated, offering necessary help including care services for students with disabilities so they could spend their college lives in the community. In 1972 an independent living center was opened in Berkeley and Berkeley was called the "mecca of the independent living movement." Later, Edward Roberts became the director of rehabilitation at the California state government, making a great impact on persons with disabilities in the world. His speech, "From Charity to Independence!," is especially well known.

The definition of "independence" in the independent living movement is the right to self-determination and self-management, creating a new "concept of independence," in which people who lead a way of life they chose are regarded as living a life of "independence," even though they receive care services.

The independent living movement also spawned a technique of "peer counseling," establishing a new method of support in which persons with disabilities, based on their experiences in actual life, give counsel to other persons with disabilities. It can be said that peer counseling became a strong driving force for persons with disabilities in acknowledging their existence and in living their lives with confidence.

Additionally, we should take notice of the fact that the independent living movement is, in one sense, their "advocacy movement by persons with disabilities." Persons with serious disabilities have had their right to an ordinary life as humans acknowledged in the community, and they have established a support system for this purpose. And they clarified their role, or conversely, their duty in that respect, and have secured their standing in society.

(Summarized from Kazumi Ishiwata, "Q&A: Basic Knowledge of Problems for Persons with Disabilities," Akashi Shoten, 2001, pp. 58-61)

(2) Transition of the concept of rehabilitation

The origin of the word "rehabilitation" goes back to the period of the medieval Europe and its meaning then included "recovering status, privileges, assets and honor once lost."[2]

This concept of rehabilitation started being used for persons with disabilities during the First World War. In America, for instance, the "Soldier's Rehabilitation Act" was legislated in 1918 in order to cope with social rehabilitation issues (job and life security) and therapeutic institutions offering physical therapy and work therapy were built. Many more solders were injured in action during the Second World War, and for the purpose of their reintegration into society, medical rehabilitation centered on motor function recovery training and occupational rehabilitation focused on occupation training. Over the Second World War and the postwar period, the targets of rehabilitation were expanded from persons with disabilities due to old age and sickness to those with sensory dysfunction including visual and hearing impairments and to those with mental disabilities.[3]

In the 1960s and 1970s, the normalization activity for persons with disabilities and the independent living movement sprung up in the West, and disabilities were grappled with not as "personal" problems, but as "social" problems, spawning the attitude and thought seeking social reforms.[4] According to this concept, the subject of normalization is not the expert but the disabled person.

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[2] The origin of the word rehabilitation goes back to the practices in social standing and religion in medieval Europe. The word was originally used to refer to the cases where a king restores the standing of his vassal the king once deprived of, or where the church forgives an excommunicated believer and lifts his anathema. Later its religious connotation wore off and it was used to express "dismissing one's innocence," and gradually understood to mean "recovering one's honor."

[3] As one of its background factors, countermeasures for the labor shortage during and immediately after the war can be cited.

[4] This concept is expressed as the "social model" in contrast to the "medical model," which regarded disability as a personal problem and required an individual cure and medical care by experts.

Since the 1980s, quality of life (QOL)[5] has been given greater importance, and consequently the goal of rehabilitation has been shifted from the independence in the activities of daily living (ADL) to the improvement of quality of life (QOL). In other words, the concept that the aim of rehabilitation is the restoration of total human rights[6] and the realization of the highest quality of life for each person has been well established.

However, the World Health Organization (WHO), on the other hand, defined in 1968 that "rehabilitation is to raise the functional abilities of persons with disabilities to the highest possible level by combining medical, social, educational and occupational means[7] and by coordinating each other and offering training or retraining (WHO, 1968)." Thus, the necessity of the comprehensive approach to rehabilitation as we know it today was clarified.

The most widely used definition of rehabilitation today is the one used in the United Nations "World Programme of Action Concerning Disabled Persons" from 1982. It says "Rehabilitation means a goal-oriented and time-limited process aimed at enabling an impaired person to reach optimum mental, physical and/or social functional level, thus providing her or him with tools to change her or his own life" (WHO, 1982). By this definition, the ideas and systems of rehabilitation have changed significantly. First, while rehabilitation used to focus on medical aspects, the new definition promoted a comprehensive approach to rehabilitation after demonstrating the possibility of addressing the mental and social functions. Second, it is the person with the disability who decides the functional level to be attained, and it is the means with which this person changes his/her own life. Third, the definition has clarified that rehabilitation is limited by time.

The "World Programme of Action Concerning Disabled Persons" cites for its standards of "action" the keywords of (1) prevention, (2) rehabilitation and (3) equalization of opportunities. In short, it uses rehabilitation in a narrower sense of the word and tries to categorize the comprehensive services in the three areas. In this definition, the framework of rehabilitation is narrower in comparison to the foregoing definition in which rehabilitation is the restoration of total human rights, and it can be expressed by the formula: restoration of total human rights = rehabilitation + equalization of opportunities.

The "Standard Rules on the Equalization of Opportunities for Persons with Disabilities"[8] adopted by the U.N. in December 1993 explained rehabilitation as "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 change their lives towards a higher levels of independence" (WHO, 1993). It is noteworthy that this concept of "rehabilitation" is limited to improving and maintaining the varied functions of persons with disabilities.

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[5] Although QOL is in general translated as "quality of life," it also has implications of "quality of human life" and "quality of a life." Satoshi Ueda notes that what constitutes QOL is the activities of daily living (ADL), labor and job, economic life, home life, social participation, hobbies, cultural activities, travel and leisure and sports.

[6] The restoration of total human rights means the restoration of rights to live like a human being in concrete terms.

[7] For each way of being of rehabilitation, see Appendix 1.

[8] Its English title is "Standard Rules on the Equalization of Opportunities for Persons with Disabilities," and "Standard Rules" is translated as "Standard Rules" in government-related documents although there are many cases in other documents in which it is translated "Basic Rules."

About Community-Based Rehabilitation (CBR)
CBR is now the widely-practiced method of community-based rehabilitation in developing countries. It is the "rehabilitation rooted in the community," but there is a wealth of definitions for CBR, and with respect to its implementation methods too, it is said that there is a wide variety of approaches depending on the cultural, religious and social factors of target communities.[9] Widely-known definitions of CBR are those in the Joint Position Paper published by the WHO, ILO and UNESCO in 1994 and its revised edition, the Joint Position Paper published in 2001 by the WHO, ILO, UNESCO and UNICEF. According to the 2001 edition of the Joint Position Paper, CBR's definitions and goals are as follows:

Definition:
CBR is the strategy to be implemented in the framework of general community development for the purpose of realizing the rehabilitation, equalization of opportunities and social integration of children and adults with disabilities. CBR can be realized when persons with disabilities, their families, and the communities where they belong, all work together and by offering proper health care, education, occupational training and social services.

Goal:
In order for persons with disabilities to maximize their physical and mental abilities, to access ordinary services and opportunities, and to be active, they must be empowered. With this empowerment, persons with disability can contribute to the community and society where they belong. In this way, CBR promotes the human rights for persons with disabilities through social reform.

Although WHO is preparing a manual on CBR implementation methods, CBR features are to make most of the existing resources (human, material, organizational), and to implement the methods not just in one sector, but multiple sectors such as welfare, health care, education and labor. Above all, it is important for implementation programs to be planned with the consumers of services (persons with disabilities and their families) at the center and to be carried out with the community as the owner.

(3) Transition of disability classification

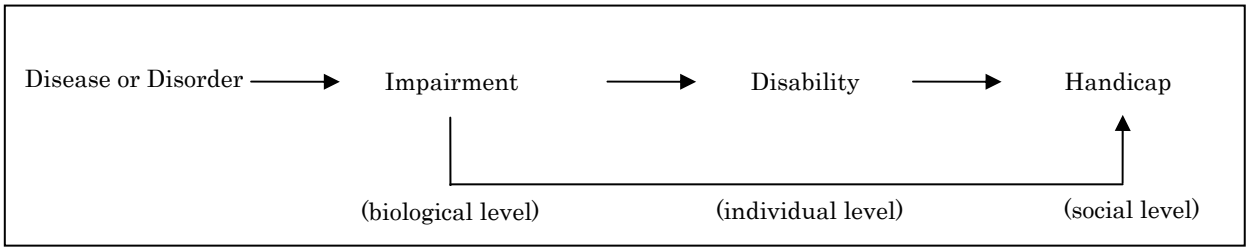
Along with the changes in the view on persons with disabilities and the definition of rehabilitation as noted above, the recognition of disability also has been changing from the conventional, limited recognition that disabilities are physical dysfunctions due to diseases or accidents or other medical reasons to the recognition that disabilities include the problems of individual abilities or those of liabilities in social life. This can be seen in the transition of WHO's disability classification.

In 1980 WHO published the "International Classification of Impairments, Disabilities and Handicaps (ICIDH)," which captures disability from the medical and social viewpoints. These views are of great significance in their grasp of disability in the hierarchical structure composed of the three layers: "impairment – disability – handicap." In other words, the publication summarized that "what diseases and injuries become obvious" is "functional disorder: impairment," and for this reason, "what constrains the ability to act in actual life" is "impairment: disability," and due to this, "inability to perform social functions" is a "social disadvantage: handicap." Clarifying the hierarchy in this manner made it possible to theorize the concept of support for persons with disabilities, in which "persons with disabilities will

[9] For a detailed explanation, see Appendix 2.

not become handicapped."[10]

**Figure 1: Disability structural model of the "International Classification of Impairments, Disabilities and Handicaps (ICIDH)"**




ICIDH was meaningful both in theory and practice; however, there was criticism that it had solely focused on the negative aspects of disability. In response to the criticism, WHO reviewed the ICIDH during the 1990s, and after some modification work, the "International Classification of Functioning, Disabilities and Heath" (ICF) was adopted at the WHO convention in May 2001, establishing the classification method which includes, for the first time, the positive aspects of the human living function.

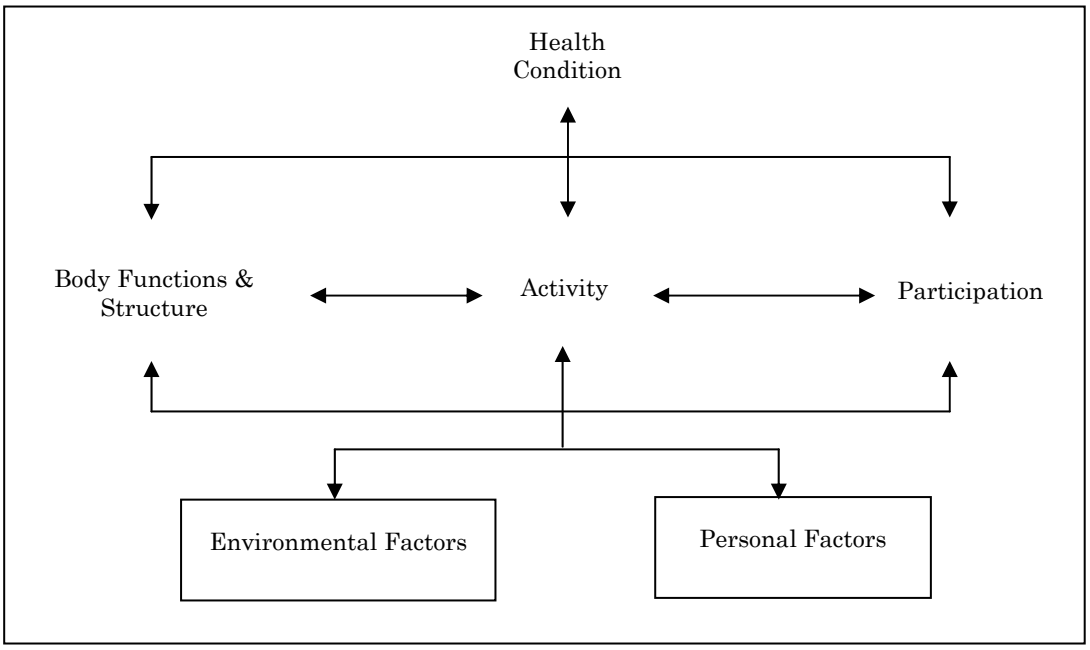
The three-tier hierarchy laid out in ICIDH was passed onto ICF though, and each level is now shown in a positive manner, removing the negative connotations.

negative positive
- Impairment → body functions and structure
- Disability → activity
- Handicap → participation

Its salient feature is the fact that by adding the environmental factors (living environment, human environment, social prejudice and social service), ICIDH demonstrates clearly the relationship between disability and the environment.[11]

[10] For more detail, refer to Appendix 3.
[11] For more detail, refer to Appendix 3.

**Figure 2: ICF living function structural model**




### 1-2-2 International trends in the area of persons with disabilities

(1) U.N.-centered efforts

After adopting the "Declaration on the Rights of Disabled Persons" (1975)[12], the United Nations designated 1981 as the "International Year of Disabled Persons" during its General Assembly in 1976. With this recognition, supporting persons with disabilities began to be 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 in mind, efforts have been made in many countries to "equalize opportunities" for persons with disabilities to ensure their full participation in social life and societal development.

The U.N. continued to consider the issues surrounding persons with disabilities after the "International Year of Disabled Persons" and passed a resolution in December 1982, to make the decade from 1983 through 1992 the "United Nations Decade of Disabled Persons," declaring the "World Programme of Action Concerning Disabled Persons" as guidelines for program assistance. 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 objectives of "prevention of disability," "rehabilitation" and the "full participation and equality" of persons with disabilities in social life and societal development. The plans were proposed to promote "equalization of opportunities" for persons with disabilities. Each country's efforts to implement the action plans resulted in an increased awareness and knowledge of the problems facing persons with disabilities, an expansion of

[12] 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 the declaration was issued, is designated as Disabled Persons' Day in Japan.

their roles and organizations, and the development of legal systems related to disability.

Later, in order to realize the "full participation and equality" of persons with disabilities, it was hoped that the "Convention on the Rights of Persons with Disabilities," like the "Convention on the Rights of the Child (1989)," would be adopted and have a binding force equal to domestic laws, but the General Assembly failed to reach an agreement and the "Standard Rules on the Equalization of Opportunities for Persons with Disabilities" (Standard Rules) was adopted in 1993 as a new guideline. The declaration's purpose is to remove remaining barriers in society and its rules include ways to achieve participation of persons with disabilities in social activities and to promote antidiscrimination and equalization of their opportunities in the fields of education, employment, medical care, technology and economic cooperation. Many countries are now working to achieve these objectives.

In recent years, many international institutions, such as the Economic and Social Commission for Asia and the Pacific (ESCAP), the World Bank (WB), the Asian Development Bank (ADB), the International Labor Organization (ILO), have been conducting positive efforts in support of persons with disabilities. In addition, the activities of bilateral aid agencies, including the Swedish International Development Cooperation Agency (SIDA), the Danish International Development Activities (DANIDA) and the Canadian International Development Agency (CIDA) are also drawing attention.[13]

(2) Development within and between regions

Although the "United Nations Decade of Disabled Persons" has brought progress in Asia in improving awareness and in disability prevention and rehabilitation, ESCAP, in finding that progress 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,"[14] comprising 12 agendas for action. In order to achieve "full participation and equality" for persons with disabilities in the ESCAP areas, each government was asked to formulate measures to promote the participation of persons with disabilities in economic and social development, to expand support services to them, to improve their situation and to evaluate the follow-ups. Additionally, to make the decade well known, an international NGO convention was held in Okinawa in 1993, and its resolution was to promote the "Decade" among 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 later that year. Meanwhile, because 60 percent of world's disabled population is living in the Asia-Pacific region and more than half are females, gender has become one of the major issues in the "Asian & Pacific Decade of Disabled Persons."

At the 2002 ESCAP convention, the region adopted a resolution comprising 11 sections, including the extension of the "Asian & Pacific Decade of Disabled Persons" from 2003 through 2012, efforts for concluding the "Convention on the Rights of Persons with Disabilities" and cooperation with the "African Decade of Disabled Persons." Following the convention, the region's governments and concerned parties adopted in October 2002 the "Biwako Millennium Framework," which included relevant policies and an action plan. To push forward this new "Decade," RNN was transformed into a new organization, the Asia

[13] For detail about each action, please refer to Appendix 5.

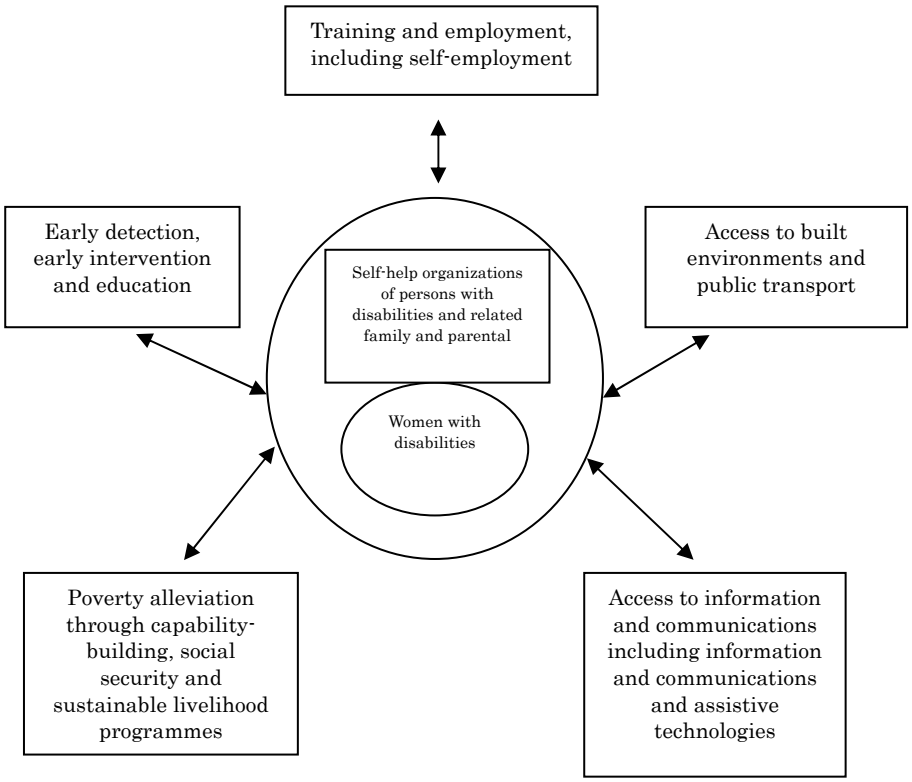
[14] The twelve-action agenda summarizes the following fields: (1) domestic coordination, (2) laws, (3) information, (4) enlightenment and publicity, (5) accessibility and communication, (6) education, (7) training and employment, (8) prevention of disability, (9) rehabilitation services, (10) welfare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

and Pacific Disability Forum (APDF), and its activities were further strengthened.

In regions outside Asia, the Organization of African Unity (present African Union (AU)) declared in 1999 to designate the decade from 2000 through 2009 as the "African Decade of Disabled Persons." It was declared for the purpose of empowering persons with disabilities, improving the condition of disabilities and promoting the participation of persons with disabilities in social, economic and political plans.[15] The region is moving forward with relevant programs in cooperation with Asia & the Pacific. The Arab region has designated 2003 through 2012 as the "Arab Decade of Disabled Persons," and a number of programs to improve the environment for persons with disabilities in this region will be carried out.

[15] The largest objective is to integrate disability problems and persons with disabilities into the developmental strategies of the governments, or, in short, to mainstream disability problems and persons with disabilities. There are nine concrete agendas: (1) mitigation of poverty of persons with disabilities and their families, (2) enlightenment of disability and persons with disabilities, (3) creation of peace and reduction of other causes for disability, (4) improvement of the standing of persons with disabilities in Africa, (5) integration of disability problems and persons with disabilities into the political, economic and social agenda of the governments, (6) establishment of the U.N. Standard Rules in Africa, (7) application of the U.N. Declaration of Human Rights, (8) coping with problems of disabled children, women and young men and (9) making use of the U.N. Standard Rules for establishing policies and systems to protect the interests of persons with disabilities in Africa.

Biwako Millennium Framework
Of the twelve action fields for achieving the goals addressed through the Asian & Pacific Decade of Disabled Persons, attention was given to 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, and (7) poverty alleviation through capability-building, social security and sustainable livelihood programmes. To implement the actions smoothly, concrete strategies are incorporated, 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, and the monitoring and evaluation of progress.




(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)

(3) Efforts of NGOs

The achievement of the "International Year of Disabled Persons" and the "United Nations Decade of Disabled Persons" in support 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 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. In recent years, 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 established by Disabled Persons' International (DPI), World Federation of the Deaf (WFD), World Blind Union (WBU), Inclusion International (II), World Federation of the Deaf-blind (WFDB) and World Network of Users and Survivors of Psychiatry (WNUSP). Later, Rehabilitation International (RI) joined the IDA, and it now comprises these seven organizations. It is a loosely-knit network of organizations currently making efforts to pass a United Nations convention on the rights of persons with disabilities.[16]

In March 2000, international NGOs for disability, like DPI, RI, WBU and WFD, assembled in Beijing and held the World NGO Summit on Disability. The organizations, with an international treaty to realize the "full participation and equality" for persons with disabilities, adopted the "Beijing Declaration on the Rights of Persons with Disabilities in the New Century." In October 2002, during 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.

As noted above, in recent years, governments, international institutions, and NGOs have made large efforts to equalize opportunities for persons with disabilities. One major achievement is the U.N. General Assembly's unanimous adoption of a proposal by Mexico and other countries in 2001 to establish a special committee to review an international convention concerning the rights of persons with disabilities. Although the number of countries that legislated the anti-discriminatory law for persons with disabilities is now over 40 countries[17], efforts for early legislation of the "Convention on the Rights of Persons with Disabilities" are greatly desired to fully realize the "full participation and equality" for persons with disabilities.

### 1-2-3 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, Japan's policy for persons with disabilities has shifted its focus to strengthening at-home policy and promoting social participation based on normalization and the idea of independence[18]. 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 outlined the direction and goals for assisting persons with disabilities for the period of ten years in the areas of heath care and medical care, education and training, employment and job placement, welfare and living environment.

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

[16] For activities of each organization, see Appendix 5.

[17] Japan is also one of the countries that have not yet legislated the law.

[18] For detail, see the box column.

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[19] or mental disability" and stipulating a disabled persons' day and the formulation of the "New Fundamental Programme for Disabled Persons."

The government also created 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) to implement them effectively with the cooperation and coordination of the related government ministries and agencies by integrating them into all sector development strategies, not just those of health and welfare.

Fiscal year 2002 marked the final year for the New Long-term Programme and the "Government Action Plan for Persons with Disabilities." As a result, the government established the "New Fundamental Programme for Disabled Persons," a 10-year plan from fiscal 2003, and the "Programme for Government Measures for Disabled Persons," a new government 5-year action plan from fiscal year 2003 .The "New Fundamental Programme for Disabled Persons," which replaces the ideas of "rehabilitation" and "normalization" in the "New Long-term Programme," stipulates the basic direction of the measures for persons with disabilities that must be implemented within ten years through fiscal year 2012 in order to ensure the participation of persons with disabilities in society and planning. The measures, targeted at creating an inclusive society in which persons with disabilities can participate in every activity with self-management and self-determination as equal members of society, calls for the following conditions: (1) a barrier-free society, (2) the development of measures taking the characteristics of disability into account, (3) user-centered support, and (4) comprehensive and effective implementation of the measures. The programme's agenda also calls for: (1) the improvement of capacity to act and participate, (2) the improvement of infrastructure for action and participation, (3) comprehensive approaches to measures for persons with mental disabilities and (4) strengthening intraregional cooperation in Asia and the Pacific. The new government action plan for persons with disabilities focuses on care management to apply the "user-centered" concept and establish the livelihood support system in the area.

Many ministries and agencies at the government level carry out these measures for persons with disabilities. For instance, the National Police Agency installs traffic signals for blind persons and the Finance Ministry, in addition to taking charge of budgets for each ministries and agency, is responsible for exemptions for persons with disabilities and tax reductions, including the income tax. The Health, Labor and Welfare Ministry is in charge of a wide array of matters, including prevention, medical care, welfare, employment and income security, and has a multitude of related laws. With the enforcement of the "Act on Buildings Accessible and Usable for the Elderly and Physically Disabled" and the proclamation of the "Transportation Accessibility Improvement Law," the Land, Infrastructure and Transportation Ministry promotes physical barrier-free infrastructure and the Ministry of Public Management, Home Affairs, Posts and Telecommunications conducts the "Revision of Disqualification Articles" related to persons with disabilities, looking at barrier-free

[19] 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 from a systems and information viewpoint, and, for example, creating an information network for persons with disabilities. The Foreign Ministry is associated with technical cooperation pertaining to rehabilitation for 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 were developed through the movements of persons with disabilities themselves and their organizations, and through the efforts of national and local governments and experts.

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

The "International Year of Disabled Persons" (1981) had a large impact on the movement of persons with disabilities. Although there had already been efforts to facilitate coordination among the organizations from the late 1960s, with the establishment 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 promoting active social movements and addressing the issues of the independence, income security of persons with disabilities, and the rehabilitation of persons with intellectual disorders. 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 shows that it was the epoch-making event in the field of disabilities among the private-sector movements in Japan.

It has been important for persons with disabilities and their organizations to not only promote their issues, but to also provide necessary information and services for their partners with the same disabilities. National and prefectural-level organizations, in addition to promoting their issues, are offering various services of consultancy, information and welfare on their own or through commissions by national or prefectural governments. They also undertake the roles of counselors and implement various consultancy and peer counseling projects, as required by the national system for persons with physical disabilities or intellectual disorders. For persons with disabilities, the peer counseling project[20], which provides a variety of counseling services by persons with similar disabilities, is of great practical use and has a significant mental effect on them.

As a result of the movement by persons with disabilities, the "Disabled Persons Fundamental Law," revised in 1993, requires the participation by persons with disabilities in reviewing measures and formulating plans. As symbolized in the above, the activities of persons with disabilities in Japan have shifted to include proposing solutions to issues in addition to raising awareness of them.

(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, and employment, etc., for supporting 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 instance, Japan has donated to the U.N. Voluntary Fund on Disability,[21] has supported the related projects of ESCAP's "Asian & Pacific Decade of Disabled Persons," and has participated in international conferences and sports events in support of information exchanges between persons with disabilities throughout the world.

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. Based on this concept, Japan has been implementing many projects in cooperation with 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 Japan, an advocating country for the "Decade," invited governments to Japan for 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

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[20] 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 advice, 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 an institution called the place of management. Peer counseling aims to nurture self-reform, which enables persons with disabilities to live an independent life, and to change society from the aspects of persons with disabilities.

[21] 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.

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). During 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[22], two related international conferences, a success.

Following the decision at the ESCAP Session on extending 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 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 established with fiscal year 2003 as the start year. Intraregional cooperation in the Asia-Pacific region was cited as one of the issues to address in the plan. In highlighting the basic direction for international cooperation, the government clarified the importance of cooperating closely 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."

[22] With the three international NGOs, DPI, RI, and 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, the "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 the Forum resulted in the adoption of the "Osaka Declaration Concerning Partnership for Disability Rights."

## Chapter 2 Approaches to support persons with disabilities

As stated in Chapter 1, international society has begun to recognize the problems of persons with disabilities as one of the key issues in development since the "International Year of Disabled Persons" in 1981. During that year, "full participation and equality" became the theme, and later, many countries started working toward "equalization of opportunities," which calls for, among others, the full participation of persons with disabilities in social life and development and the right to live a life equal to non-disabled persons.

Many developing countries, in line with the world trends as found in the "International Year of Disabled Persons (1981)," "United Nations Decade of Disabled Persons (1983-1992),"World Programme of Action Concerning Disabled Persons (1982)" and the "Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993)," have made efforts in outlining and implementing disability measures for persons with disabilities. The reports of ESCAP and the U.N. Bureau of the Economic and Social Council note that there has been considerable progress in the legislation of disability-related laws and setting up coordination committees. The reports, however, also pointed out that due to the limited availability of funding and personnel to carry them out; the low order of priority for disability issues in national policy; the disability issues not being mainstreamed into other developmental issues; the deep-rooted prejudice against the persons with disabilities; and the inadequate aid to the persons with disabilities belonging to special groups, such as children, women and persons with intellectual disabilities, we need to make further efforts in achieving the "full participation and equality" for all persons with disabilities.

Japan instituted the "Long-term Programme for Government for Measures for Disabled Persons" during the "International Year of Disabled Persons" and the "United Nations Decade of Disabled Persons" that followed it, and has established disability measures for achieving "full participation and equality" under the ideas of "rehabilitation" and "normalization." International cooperation is seen as one of the key areas to address, and the plan calls for Japan to make contributions to developing countries by promoting international cooperation, including offering these countries Japan's technological expertise.

JICA's cooperation in the field of persons with disabilities started in the early 1980s, and has since made considerable contributions to the training of human resources in each rehabilitation area[23] and of leaders of the organizations of persons with disabilities.[24] According to an evaluation of specific projects carried out in fiscal 1999, JICA's cooperation is said to have greatly contributed to infrastructure improvement that helped persons with disabilities realize equality and full participation in society.[25] The "Investigative Committee on Welfare for Disabled Persons,"[26] which was held in the same year, noted that JICA's future task is to expand the impact by integrating the support for persons with disabilities into every program or project and by broadening the opportunities of persons with disabilities to participate in running the projects.

In view of this background, the purposes, basic policies and matters to be attended to in JICA's approaches to supporting persons with disabilities are as follows:

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[23] For each field of rehabilitation, see Appendix 1.

[24] See Appendix 4 for JICA's past activities in the field of support for persons with disabilities.

[25] See Appendix 6.

[26] See Appendix 6.

## 2-1 Purposes for support of persons with disabilities

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

For this purpose, JICA, in regard to all its programs, will strive to expand the impact by addressing the opportunities for and participation by persons with disabilities in the formulation, implementation and evaluation of project planning, so that assistance meets the needs of all people, inclusive of persons with disabilities even in cooperative projects not directly targeted at supporting them. This effort will contribute to the effective and efficient realization of the "full participation and equality" for persons with disabilities in developing countries.

## 2-2 Basic policy for support of persons with disabilities

To accomplish the "full participation and equality" for persons with disabilities, it is necessary to empower persons with disabilities and their families to self-determine and self-select and to improve the social environment that accommodates persons with disabilities and their families. The social environment that stimulates participation by persons with disabilities is created by equitable opportunities and the removal of not only the "psychological barriers," but also the "physical barriers" that make it difficult to access buildings; the "culture and information barriers" that make it hard to access to information; and the "system barriers" that prevent persons with disabilities from participating.[27]

In carrying out projects, JICA will ensure that persons with disabilities can equally participate in not only the projects targeting them and their supporters, but also other projects as well. Mainstreaming the viewpoints of persons with disabilities in all cooperative schemes, project cycles and sectors, is necessary for enabling persons with disabilities to equally enjoy the benefits of JICA's projects and training programs.

In summary, to attain the goal of the "full participation and equality" for persons with disabilities, JICA's basic policies are: (1) the empowerment of persons with disabilities and their families and (2) the mainstreaming of support for persons with disabilities in all JICA projects.

(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,"[28] or "the process of increasing personal, interpersonal and political power so that one can take necessary action to improve his/her situation."[29]

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

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[27] With respect to the four barriers surrounding persons with disabilities, we referred to Ishiwatari, 2001.

[28] Social Welfare Study Series, III: A Theory on Welfare for Disabled persons, 2002, p35

[29] F. E. Peacock Publishers, 1998

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."[30]

The "empowerment of persons with disabilities in development assistance," however, is not given a clear-cut definition. JICA implements its projects in developing countries where the situation differs from that of a developed country because funding and human resources are more limited and social prejudice is deep-rooted. Consequently, when we consider empowerment of persons with disabilities under these social circumstances, it is essential that we take into consideration political, cultural, religious and social backgrounds of each country. With this in mind, we use the viewpoint on empowerment in DAC's poverty reduction guidelines,[31] which states that empowerment of persons with disabilities is supposed to indicate the process in which persons with disabilities, their families and community develop five capabilities—basic capabilities, socio-cultural capabilities, economic capabilities, political capabilities, and risk management capabilities—as shown in Chart 1.

**Table 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 vaccination, health care and medical service and 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 to have residents in the community recognize co-inhabiting persons with disabilities as fellow members. |
| Economic capabilities | Capabilities to earn the necessary revenue for living and to spend money as needed. |
| Political capabilities | Capabilities required for the human rights of persons with disabilities to be recognized. Also capabilities to participate in political, policy-making and decision-making processes that affect persons with disabilities and their families. |
| Risk management capabilities | Capabilities to protect oneself from vulnerability during food shortages, sickness, disaster, crime, war, conflict, etc. |

[30] Social Welfare Counselor Training Course: A Theory on Welfare for Persons with disabilities, 2003, p12

[31] The Development Assistance Committee, a committee of the Organization for Economic Co-operation and Development

Although the above guidelines focus on empowerment of persons with disabilities and their families, attention must also be paid to the governmental policies of each country. Building the capacity of required personnel supporting rehabilitation, formulating policies related to education of children with disabilities, providing welfare for persons with disabilities, and raising awareness are indispensable activities in supporting the processes of empowerment. These activities would boost the quality of life of persons with disabilities, expand their options, remove the numerous barriers that hamper their participation and make it possible to create a system that guarantees empowered persons with disabilities full participation in social activities. In short, there are two approaches—direct support to persons with disabilities, their families and organizations of persons with disabilities and indirect support for improving the conditions and environment.

(2) Mainstreaming

Mainstreaming is the concept of incorporating disabled persons' viewpoints into every JICA cooperative scheme, project cycle and project sector, and based on this concept, we aim to ensure that persons with disabilities participate in the project planning, implementation, monitoring and evaluation of all development programs.

For instance, concerning project plans 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 recognize the existence of persons with disabilities and aim to address their needs. We can achieve this by ensuring that they participate in project planning, implementation, and monitoring and evaluation processes. At the same time, with respect to training courses, which not only target persons with disabilities but others as well, we should improve and create the training conditions that will best enable persons with disabilities to participate.

As described above, in order to promote mainstreaming in JICA projects, it is necessary to raise the awareness of persons with disabilities among JICA staff (removal of barriers in consciousness), make buildings barrier-free (removal of physical 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 are designated for the "improvement of the conditions and environment to realize mainstreaming," and as they are achieved, we will apply two mainstreaming approaches that call for 1) increasing the participation of persons with disabilities in project planning, implementation, and monitoring and evaluation and 2) improving the supportive environment in JICA.[32]

## 2-3 Matters to be attended to in implementation

As described above, JICA's implementation policies in support of persons with disabilities are based on the two pillars of "empowerment" and "streamlining," and our services aim to improve the supporting environment and conditions, but we have to recognize that these classified support systems do not exist by themselves and they must be carried out simultaneously and in complementary fashion. In short, incorporating the viewpoints of persons with disabilities into the support fields of education, health care and medical care, farming-community and social development, gender equality, and peace-building may indirectly contribute to the training of human resources concerned with persons with disabilities and to the policy-making on education and children with disabilities. Applying these viewpoints may also lead to the improvement of the conditions and environment

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

necessary for promoting empowerment. Finally, when carrying out CBR programs[33] targeted at communities, these viewpoints might lead to the development of the five capabilities for empowerment, or by including nutritional guidance for pregnant and parturient women or anti-illiteracy education, they may become the basis for activities to improve the conditions and environment for the empowerment of persons with disabilities.

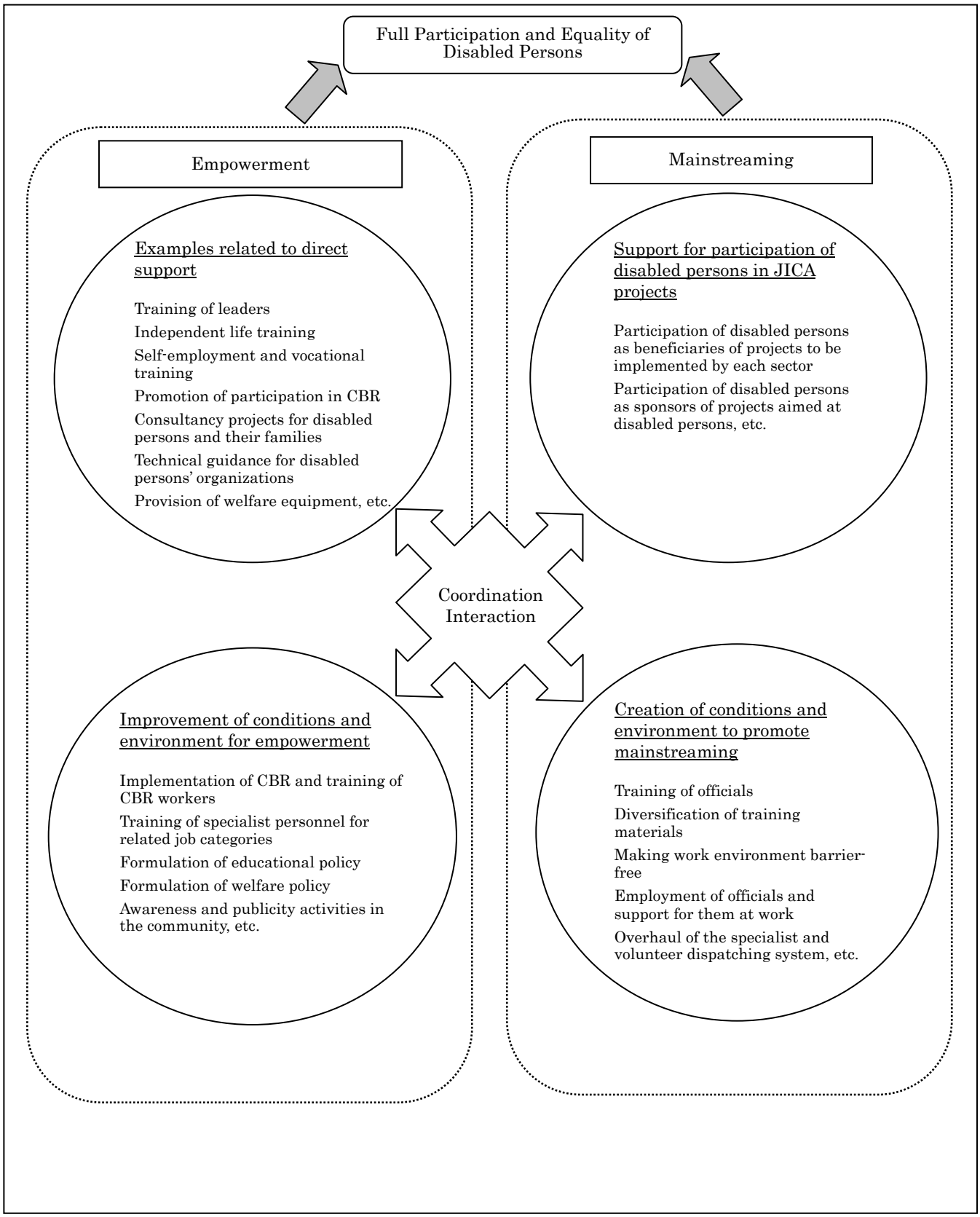
Much like the support related to community development, it is highly important that in implementing the support for persons with disabilities in communities, we carry out the projects without creating unnecessary rivalry and we achieve this by investigating the characteristics of the communities, their economy, politics and religion, etc., and by making use of the existing systems. We also need to recognize that addressing the needs of persons with disabilities requires a partnership between them and the community around them.

At the same time, when supporting persons with disabilities, we have to build a system in which governments, NGOs, the private sector, and other interested parties can collaborate and execute plans.

Lastly, when supporting persons with disabilities, we should help them display their abilities to the fullest extent, while respecting the thoughts of each disabled person and the diversity of his or her lifestyle. For this purpose, we should not only see them as recipients of service, but also as current or future providers of service, and thus, provide them with as many opportunities as possible to play an active role.

[33] For CBR, see Appendix 2.

**Figure 3: Concept of Approach to Support for Disabled Persons**



## Chapter 3 Guideline 1: Empowerment of persons with disabilities

In Chapter 2, we explained that the goal of JICA's basic implementation policy for supporting persons with disabilities in developing countries is to help them realize full participation and equality. Empowerment and mainstreaming are the two main pillars in support of this goal. In Chapter 3, we explain what support JICA can offer with respect to the "empowerment of the persons with disabilities."

### 3-1 Direction of support in empowering persons with disabilities

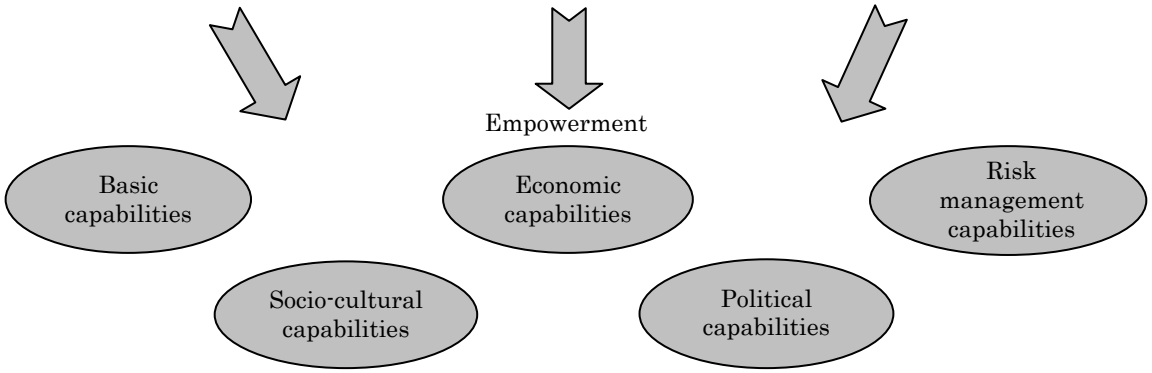
We noted in Chapter 2 that JICA's definition of the empowerment of persons with disabilities means the process in which persons with disabilities, their families and communities develop the five capabilities (basic capabilities, socio-cultural capabilities, economic capabilities, political capabilities and risk management capabilities), which are also employed in the area of poverty reduction. With respect to empowerment-related support projects, it is necessary to divide them by those for "direct support" and those for "indirect support" and to review the support programs for each category. As for the target levels, the support systems can divided into three levels, including "persons with disabilities, their families[34] and the organizations of persons with disabilities;" "local governments and citizens' organizations;" and the "national level;" and they could contribute to developing the five capabilities by cooperation at each of the three levels.

Figure 3 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 of the three levels For each item in the chart, detailed support menus are given in section 3-3.

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

## Figure 3: 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<br>*Persons with disabilities*<br>Social skill training<br>Independent life training<br>Vocational training<br>Self-employment skill development (management, financing, accounting, taxes)<br>Information service on available financial systems<br>Support for rights protection activity<br>Providing peer counseling<br>*Persons with disabilities and their families*<br>Information service on rehabilitation, health care and medical facilities<br>Support activity for access to information on politics and policies<br>Guidance on emergency response methods<br>Support for CBR implementation and management<br>Enhancing knowledge on disabilities<br>*Families*<br>Guidance on care techniques<br>Awareness activity<br>Provision of daily-life support methods<br>Counseling and advice<br>*Parents and organizations of persons with disabilities*<br>Strengthening organizing power of groups<br>Guidance on organizational operation<br>Leadership skills training<br>Strengthening awareness methods<br>Strengthening fund-raising methods<br>Administrative skills enhancement training<br>Others | Related to direct service<br>*Local governments and citizens' organizations*<br>Support for CBR implementation<br><br>Others | Related to direct support<br>Support for CBR implementation |
| Related to improvement of conditions and environment<br>*Persons with disabilities*<br>Information processing technology<br>ADL training<br>Support for entering school and study<br>*Persons with disabilities and their families*<br>Anti-illiteracy education<br>Promotional activity for participation in social activity, leisure and sports<br>Guidance on nutrition<br>Support for improvement of reproductive health systems<br>*Families*<br>Sanitary education<br>Others | Related to improvement of conditions and environment<br>*Local governments and citizens' organizations*<br>Training of people engaged in CBR<br>Improvement of equipment, materials and facilities<br>Training of related staff for early detection, treatment and education<br>Enrollment of children with disabilities by regular schools<br>Awareness activity of community<br>Holding social activity events such as leisure and sports<br>Support for launching mutual-assistance organizations<br>Support for new businesses by persons with disabilities<br><br>Others | Related to improvement of conditions and environment<br>Prevention of and research on cures for physical and intellectual disabilities, psychiatric and neurological disorders<br>Support for improvement of measures for health and health care<br>Training professionals in related occupation and building training institutions<br>Development and spread of welfare equipment and technology<br>Establishing training methods of related staff for early detection, treatment and education<br>Improvement of the measures for human rights protection, employment and welfare for persons with disabilities<br>Formulating measures and systems for education of disabled children, including inclusive education<br>Training teachers for education of disabled children<br>Creation of teaching materials for education of disabled children<br>Improvement of statistics related to disability<br>Training of ICT technicians<br>Awareness and publicity<br>Collection and provision of information<br>Barrier-free public buildings and transportation (universal design)<br>Support for improvement of safety measures and emergency medical service<br>Others |

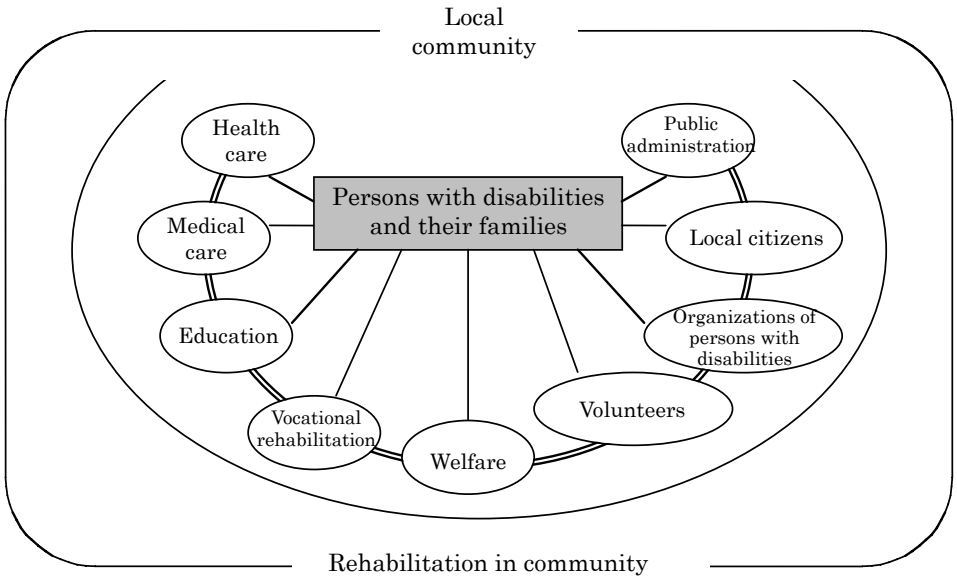


### 3-2 Direct support for empowerment of persons with disabilities

#### 3-2-1 Idea of direct support

As shown in Figure 4, when giving direct support, it is necessary to coordinate with the local community and consider their existing services and providers and to apply the concept[35] of "rehabilitation in the community." It is difficult to carry out projects that directly benefit every disabled person; however, there are ways to expand the impact, including skill development training for persons with disabilities, grass-roots exchanges and information exchanges, cooperation in technology transfers and increased partnership between disabled persons' organizations in Japan and those overseas.

**Figure 4: Scope and organization of rehabilitation in community**




(Quoted from Satoshi Ueda, Illustrated Rehabilitation Medicine, 1991, p7)

In addition, JICA can provide support at the local government or community level for CBR programs[36], the creation and operation of organizations of persons with disabilities, leadership skills training related to 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 (JOCV), can engage in grass-roots level activities, and apart from providing functional capacity rehabilitation for persons with disabilities, JOCV can consider other types of roles such as social workers to promote youth activity and village development, nutritionists, midwives, nurses and computer technicians. With respect to JOCV onsite support related to welfare, there are currently seven job types—care givers; physical therapists; occupational therapists; speech therapists;

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[35] "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)

[36] For details, refer to Appendix 2.

prosthetic and orthopedics; practitioners of acupuncture, moxacoutery and massage; and social workers—and more volunteers need to participate in the future. Regarding village development, more social workers to carry out CBR activity for children and adults with disabilities, sports instructors for the recreation and sports in the CBR programs, and nurses are now especially required.

Although it is not a project per se, JICA could consider in its framework of direct support the strengthening of the network of trainees who returned to their countries or the preparing of their mailing lists. People who have received JICA's training and have 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 the 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 | |

### 3-2-2 Key targets in direct support

(1) Leaders and organizations of persons with disabilities

Although JICA has long since focused on strengthening the organizations of persons with disabilities and the training of leaders, it is imperative we strengthen our programs in these areas in order for persons with disabilities to enjoy the benefits of all development projects not limited to those of JICA and to receive equal opportunities to participate in these projects. Furthermore, the United Nations is making provisions for the rights of persons with disabilities, and we should contribute to the process by training leaders and organizations of persons with disabilities. In addition,to training programs, we should support the coordination with their counterparts in Japan. When implementing leadership training programs, we should ensure that half of the target trainees are women in view of gender equality.

In the situation when it is too difficult for persons with disabilities to become leaders, JICA should include support through their parents' associations.

**Examples of cooperation**

| Type | Target country/ Method | Name | Fiscal Year |
|---|---|---|---|
| Technical Training Programme | Groups | Leader of persons with disabilities | 86-present |
| Technical Training Programme | Groups | Leadership Training of Asian and Oceania Deaf persons (Asia-Pacific countries) | 95-present |
| Training in the third country | General public | DPI seminars for leaders of persons with disabilities | 86-present |
| Project | Thailand | Asia-Pacific Development Center on Disability | 02-07 |

(2) Women with disabilities

There are many cases in which women with disabilities find themselves being abused of their various human rights because of the twofold barrier of society and culture as they are "women" and "persons with disabilities." For a majority of them their basic rights are not recognized, their presence is hidden by their families, and they are ill-endowed with opportunities of movement, education and employment. For these women, it is necessary to promote understanding among their families and society, infuse confidence in the women so they can contribute to social and productive activities, and provide training that offers them self-employment opportunities. In doing so, we must create a system in which products made by trained and skilled women with disabilities are sold in the market.

**Examples of cooperation**

| Type | Target country | Name | Fiscal Year |
|---|---|---|---|
| Project | Thailand | Asia-Pacific Development Center on Disability | 02-07 |
| JOCV | Dominican Republic | Handicrafts | |
| JOCV | Pakistan | Home arts | |

### 3-3 Improvement of conditions and environment for empowerment

In improving the conditions and environment for empowerment, it is important to grasp the barriers to the empowerment of persons with disabilities and their families and to review what conditions and environment can be developed in line with the basic concepts, like establishing self-direction and self-reliance of persons with disabilities.

In this section, we will address the possible areas of technological cooperation for improving the conditions and environment and, for reference, will introduce the past examples of concrete measures for activities. The possible areas include, in addition to the key areas of "education" and "training and employment" that lead to persons with disabilities acquiring abilities conducive to their empowerment, "health care and medical care" and "welfare" that provide a platform for day-to-day life; "sports, recreation and cultural activity"; and "enlightenment and publicity," a base for mutual understanding; and "living environment" aimed at a livable environment.

It is important to note that programs should not be limited to the types and areas set above and they should be examined flexibly while assessing the needs.

### 3-3-1 Education

As UNESCO advocates through "Education for All" (EFA) under the "U.N. Literacy Decade" (2003-2012), all people, including those with disabilities, have a right to education. With respect to children with disabilities, it is necessary to secure and improve the education environment in order to nurture and maximize their potential and to help them maintain their empowerment in the future. The chief purposes of education are to foster their ability for "self-selection" and "self-decision,", and each disabled child's education should be appropriate or in reflection of his or her kind and degree of disability, ability and aptitude.

In many developing countries, access to primary education is limited, and in communities where it has increased, much of the education for children with disabilities is given in the form of special education,[37] 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. As special education is prevalent for disabled children and there is a need to mitigate social prejudice, it is desirable that we incorporate into our programs, as much as possible, the concepts or approaches of inclusiveness and integration,[38] with the understanding of "Education for All" (EFA).[39]

Areas of relevant technological cooperation 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); (3) turning out professionals (administrators, specialist teachers, teachers, etc.); and as need arises, (4) construction of facilities and improvement of equipment, including child welfare facilities and workshops; and (5) promotion of anti-illiteracy education.

**Examples of cooperation**

| Type | Target country/ Method | Name | Fiscal Year |
|---|---|---|---|
| Technical Training Programme | Groups | Welfare for Intellectual Disability | 80-present |
| 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 |

[37] Separate education for children with disabilities.

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

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

| | | | |
|---|---|---|---|
| Dispatch of experts | Sri Lanka | Education for Visual Impairment | 87 |
| Dispatch of experts | Mexico | Special Education (Autism) | 88 |
| Dispatch of experts | Philippines | Training of Social Education for Persons with Disabilities | 89 |
| Dispatch of experts | Mexico | Special Education | 89, 90 |
| Dispatch of experts | Sri Lanka | Video Film Production | 93 |
| Dispatch of experts | Uruguay | Education Method for Autistic Children | 93, 94, 95, 99, 00, 01, 02 |
| Dispatch of experts | Sri Lanka | Educational Audiology | 96 |
| Dispatch of experts | Uruguay | Daily Life Therapy for Autistic Children (Music) | 96, 98 |
| Dispatch of experts | Uruguay | Daily Life Therapy for Autistic Children (General) | 96, 97 |
| Dispatch of experts | Thailand | Special Education | 98 |
| Dispatch of experts | Saudi Arabia | Visually Impaired Student | 99 |
| Dispatch of experts | Saudi Arabia | Computer Education for Disabled | 00 |
| Dispatch of experts | Saudi Arabia | Development of Special Education Curriculum | 00 |
| Dispatch of experts | Saudi Arabia | Rehabilitation Education for Disabled | 00 |
| Dispatch of experts | Honduras | Transfers of Knowledge and Training Methods to Help Children with Autism Achieve Independent Living | 01-02 |

### 3-3-2 Training and employment

Persons with disabilities view the assurance and improvement of opportunities for employment and job selection as important for social participation .

In developing countries, there is a scarcity of job opportunities for persons with disabilities to select and training opportunities or related facilities to encourage occupational independence of persons with disabilities are inadequate, thereby, putting disabled people, especially those with intellectual, mental or multiple disabilities, in a dire situation with respect to their employment. In vocational training, some of the problems encountered include a scarcity of leading-edge technology for training (such as electronics); a lack of up-to-date knowledge and technology among trainers, thus often using the technologies they mastered many years ago and the same trainings; or a mismatch between the contents of training and the actual situation in the communities where persons with disabilities reside.

Considering these circumstances, technological cooperation in the areas of training and employment should comprise of: (1) support for improving 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 on developing employment for persons with disabilities and analyses on labor markets; (3) support for new businesses; (4) training or re-education of vocational rehabilitation specialists (vocation training trainers, vocational counselors, administrators; and as the needs arises, (5) construction of vocational training facilities and the improvement of related equipment.

As training and employment are closely linked to an improvement of the conditions and

environment (e.g., welfare measures for social insurance and various services), of education (e.g., anti-illiteracy education), and of the life environment (e.g., access to workplace), we believe it is effective to review a cooperation policy of integrating CBR projects with the areas of health care and medical services.

Regarding vocation training, in order to have the needs of persons with disabilities mirrored in training programs, we must create a system that will allow persons with disabilities to take part in the decision-making and the operation of projects; address flexibly the needs of the industry and trainees themselves; and strengthen the development system of training programs, including doing a periodical review of training menus and skills development of officials concerned. It is also important to establish a follow-up system (e.g., an almuni association for graduates) in which information on new job skills or employment is provided to those who completed the courses, enabling them to support each other spiritually. Additionally, we need to encourage coordination with other facilities, including NGOs, to maximize synergistic effects through promoting mutual exchanges among trainees, exchanging information and technology and jointly using facilities.

**Examples of cooperation**

| Type | Target country/ Method | Name | Fiscal Year |
|---|---|---|---|
| Technical Training Programme | Groups | Rehabilitation of PWD | 83-present |
| Dispatch of experts | Indonesia | Vocational Rehabilitation | 87 |
| Dispatch of experts | Indonesia | Employment Promotion of the Disabled | 90 |
| Dispatch of experts | Indonesia | Promotion & Extension of Job Opportunity | 91 |
| Dispatch of experts | Indonesia | Vocational Training for the Disabled | 91 |
| Dispatch of experts | Indonesia | Rehabilitation of the Disabled | 88, 93 |
| Dispatch of experts | Panama | Vocational Rehabilitation | 93 |
| Dispatch of experts | Indonesia | Vocational Rehabilitation Policy | 95, 98, 00, 01, 02 |
| Dispatch of experts | Thailand | Industrial Rehabilitation | 00, 01, 02 |
| Dispatch of experts | 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 |

### 3-3-3 Welfare

(1) Administrative services

The overall welfare policy for persons with disabilities must be formulated to address their basic living needs in social life and to enhance their quality of life. In providing assistance to disabled people, improved measures should provide care or take special steps in responding to each disabled person's needs or encouraging their independence and social participation.

Technical cooperation in this area should include (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, and social welfare counselors).

**Examples of cooperation**

| Type | Target country/ Method | Name | Fiscal Year |
|---|---|---|---|
| Technical Training Programme | Groups | Intellectual Disability | 80-present |
| Technical Training Programme | Thailand | Supporting Policies for Handicapped People | 98 |
| Technical Training Programme | Cambodia | Social Welfare Administration | 00-present |
| Dispatch of experts | Malaysia | Development of Social Welfare | 98 |
| Dispatch of experts | Cambodia | Advisor on Social Welfare | 99, 00, 01, 02 |
| Dispatch of experts | Philippines | Policy Formulation and Resource Generation Strategies | 01 |
| Volunteers | Multiple | Nursing of disabled people 315<br>Social workers 41<br>(Number of people dispatched from April 1976 – April 2003) | |

(2) Development, improvement and propagation of welfare equipment (welfare equipment and shared equipment)

Welfare equipment is beneficial in increasing the degree of social participation of persons with disabilities and reducing the workload of care givers; therefore, research and development is important. It should occur in view of enhancing the quality of life of persons with disabilities, while responding to their needs as well as those of care givers.

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

Concrete measures include (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); and (3) specialists (orthopedics, prosthetic development technicians, and welfare equipment counselors).

**Examples of cooperation**

| Type | Target country | Name | Fiscal Year |
|---|---|---|---|
| Technical Training Programme | Groups | Prosthesis and Orthopedics Technicians | 81-present |

| | | | |
|---|---|---|---|
| Dispatch of experts | Thailand | Prosthesis and Orthopedics | 92 |
| Dispatch of experts | Thailand | Prosthesis and Orthopedics | 95 |
| Dispatch of experts | Thailand | Authoring for Trainers | 01 |
| Dispatch of experts | Laos | Wheelchair Production Project at National Rehabilitation Center | 00-03 |
| Volunteers | Multiple | Prosthetic and Orthopedics (Total of 24 people dispatched during April 1976 – April 2003) | |

(3) Information and communication

Persons with disabilities, especially persons with hearing or visual impairments, face major barriers in securing information and communication. Methods of information and communication exchange, including e-mails, sign language, Braille, and reading services, are indispensable, and securing access to accurate and adequate information and communications for persons with disabilities is a pre-requisite for advancing their independence and social participation.

In view of the impact information and communication has on every area of our daily lives from employment to education, it is desirable that our support for access to information is carried out in collaboration with technological cooperation areas aimed at improving the environment and conditions for empowerment.

Technological cooperation in this field may include (1) improving laws and measures; (2) building an information network for persons with disabilities that collects and transmits information useful to them (issuance of newsletters and opening of Web sites); (3) developing standard sign language in the country concerned and 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 propagation of information processing and information and telecommunication equipment.

**Examples of cooperation**

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

**3-3-4 Health care and medical care**

(1) Prevention of disability factors and early detection and research

Investigating the cause of disabilities and preventing their occurrence, in addition to

detecting them early and providing early treatment, are important efforts of a broad approach to providing support in the disability and development field.

These efforts should include (1) research for the prevention and treatment of mental and physical disorders and psychoneuroses; (2) supporting measures for health and health care (health education, medical check-ups, health care and hygiene, maternal and child health care, and immunization programs); (3) supporting safety measures (disaster prevention during transit, at school, and at work and the improvement of emergency medical services; (4) supporting measures for reproductive health systems; and (5) training 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-present |

There are many cases when 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.

(2) Medical care and rehabilitation medical care

Medical care and rehabilitation medical care play important roles in reducing disabilities and empowering disabled people.

In developing countries, in general, personnel with specialized knowledge, experience and techniques are in short supply, and it is imperative to increase the quality of specialists. In recent years, the necessity and importance of rehabilitation has increased in some countries along with the progress of an ageing population and structural changes in disease.

Technical cooperation in this field should include (1) support for CBR programs[40]; and (2) training of specialists in medical care and rehabilitation medical care (occupational therapists, physical therapists, speech therapists, practitioners of acupuncture, moxibustion and massage therapists, producers of artificial limbs and appliances, and doctors). It will also be necessary to establish an effort that includes training mental health welfare specialists, welfare caretakers, walking trainers, orthoptists, and is in reflection of the aid-receiving country's measures and human resource development and in comparison to its qualification system for people engaged in these professions. In case of the need to institute CBR programs or technical guidance, a third area of cooperation could be the construction of facilities and maintenance of equipment.

**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-present |
| Technical Training Programme | General (Asian countries) | Instructors' Training in Esophageal Vocalization (Asia) | 94-present |
| Technical Training Programme | General (Asia-Pacific countries) | Technical Aids for Visually Disabled Persons | 95-present |
| Technical Training Programme | General | Supplementary Training Course for Medical Rehabilitation Professionals | 98-present |
| 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 |
| Project | China | Rehabilitation Research Center for the Physically Disabled | 86-93 |

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

| | | | |
|---|---|---|---|
| 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 |
| Community Empowerment Programme | Cambodia | Model Health and Social Service Centers | 98-01 |
| Community Empowerment Programme | Vietnam | General Welfare Supporting Project of Children in Hue City | 98-02 |
| Volunteers | Multiple | Physical therapists 172<br>Occupational therapists 107<br>Acupuncture moxacautery massage 24<br>Prosthetic and Orthotics 12<br>Speech therapists 8<br>(Number of people dispatched during April 1976 – April 2003) | |

### 3-3-5 Sports, recreation and cultural activities

Promoting sports, recreation and cultural activities is not only important in advancing social participation by persons with disabilities, it is also meaningful in raising awareness of disability issues and in promoting good health. These activities will help enhance the quality of life for persons with disabilities and they need positive encouragement.

Technical cooperation may require training specialists, including leaders, in (1) organizing events, such as exhibitions and athletic meets for persons with disabilities; and (2) running sports for persons with disabilities and youth activities (music, art and ceramics). As events tend to get recycled often, it is necessary to re-examine them periodically.

**Examples of cooperation**

| Type | Method | Name | Fiscal Year |
|---|---|---|---|
| Technical Training Programme | Groups | Sports Instructors for Physically Disabled Persons | 90-present |

**Anticipated examples**

Examples may include organizing events as part of JOCV and Senior Volunteer community activities; developing media strategies for specialists of IEC (Information, Education and Communication) that will highlight stories of successful persons with disabilities (persons with disabilities who are active in society or living independently in the community); or coaching IEC specialists on producing data and visual materials.

### 3-3-6 Enlightenment and publicity

To create an equitable society comfortable for all people to live in, the government and national and local public organizations must carry out a variety of measures aimed at creating a full understanding of disabilities and persons with disabilities.

For this purpose, raising awareness through publicity and other methods is extremely important in laying the groundwork for empowering persons with disabilities and their families. Society must regard their problems as ones that concern us all; therefore, we must promote mutual understanding.

Technical cooperation programs in this area should include (1) enlightenment and publicity activities [develop media strategies, produce data and visual materials, and organize events (examples: the "day of persons with disabilities," "human rights week," "month of employment promotion of persons with disabilities," etc.)]; (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 of volunteer activities related to persons with disabilities among students, residents, businesses and disabled persons; and (4) support for international exchanges and the network of organizations of persons with disabilities.

In implementing these programs, we must pay attention to activity results, the development of self-reliance and the circumstances surrounding persons with disabilities. As events in tend to get recycled often, it is necessary to re-examine them periodically.

**Examples of cooperation**

| Type | Target country | Name | Fiscal Year |
|---|---|---|---|
| Dispatch of Volunteers | Jordan | Related areas of support for persons with disabilities<br>In addition to field activities, support for holding the annual "Disabled Persons' Festival" aimed at raising their social standing | Total 40 people during 1987-2001 |

### 3-3-7 Living environment

Improving the basic 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 are: (1) "city planning" that removes physical obstacles in buildings and on the roads, while taking into consideration the uses by persons with disabilities; (2) efforts to reduce their movement and transportation barriers in reflection of increased opportunities of social participation;,(3) the housing projects that secure their

houses so that they can continue to live in the community; and (4) "crime and disaster prevention measures" that make persons with disabilities feel secure in their homes and in society.

These programs should not necessarily be implemented as separate projects for persons with disabilities; whenever possible and appropriate, they should be integrated into the relevant broader sector programs (for example, into the infrastructure program). In other words, improving the living environment is a task that government, local public organizations, private companies and all people should consider in implementing their broader efforts; in this case, enhancing public awareness and project coordination is important.

Technical cooperation in this field should involve supporting various measures and participating in the survey and basic design of 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 | Third country (Thailand) | The Promotion of Non-handicapping Environment for PWD | 99-present |
| Training Programme | Local | Accessibility of Disabled Person | 00 |

## Chapter 4 Guideline 2: Mainstreaming of support for persons with disabilities

We stated in Chapter 2 that mainstreaming support for persons with disabilities into JICA projects is based on incorporating their viewpoints into cooperative schemes, project cycles and sectors and on ensuring the participation of persons with disabilities in policy planning, implementation, and monitoring and evaluation. At the same time, we also noted that in promoting mainstreaming in JICA projects, it is necessary to raise awareness of persons with disabilities among JICA staff and to improve the conditions and environment, including ensuring barrier-free buildings and facilities.

In Chapter 4, we will review what concrete measures are required to advance this concept of "mainstreaming."

### 4-1 Mainstreaming of persons with disabilities in JICA projects

To mainstream persons with disabilities into JICA projects, we should include persons with disabilities as beneficiaries of the projects and encourage them to participate as project sponsors. In JICA's project cycles, which comprise project planning, implementation, monitoring and evaluation, we are required to address their needs and solicit their participation. In this section, we first discuss their participation in projects as beneficiaries and then as sponsors, and finally we discuss how their needs are mainstreamed into JICA's project cycles.

#### 4-1-1 Full participation of persons with disabilities as beneficiaries of projects

In the past, persons with disabilities were never fully recognized as project beneficiaries, except when the project specifically targeted them. For example, many previous projects aimed at increasing the school enrollment ratio did not consider the ratio of children with disabilities, and other projects for the advancement of women failed to include women with disabilities as beneficiaries. Furthermore, social infrastructure and building projects were not always designed in consideration of accessibility by persons with disabilities. In order to ensure that disabled people equally enjoy project benefits, their participation as project beneficiaries should be secured in the stages of planning, implementation, and monitoring and evaluation for all projects.

Below we describe the key areas (poverty reduction, social delivery and support for creation of peace) in which persons with disabilities should be recognized as beneficiaries, and we also outline JICA's responses in supporting the construction and designing of public institutions.

(1) Key areas

a) Poverty reduction and social development

The first Millennium Development Goal (MDG) is aimed at reducing by half the proportion of people living on less than one dollar a day. Addressing persons with disabilities is crucial in the efforts to achieve this poverty reduction goal; twenty percent of the poor in developing countries are said to be persons with disabilities, according to the World Bank, and other statistics show that 60 percent of the total population of persons with disabilities live in developing countries.[41]

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

In our efforts to reduce poverty, we should implement targeted projects for persons with disabilities, but we should also include disabled people as a target group in broader community development and rural community improvement projects aimed at increasing the standard of living for all people.

b) Reconstruction and development assistance and persons with disabilities

Recent conflicts have shown a shift from country-to-country conflict to regional or domestic conflict, and along with this shift, 80 percent of the victims can now be considered noncombatants. There are many people suffering from physical disabilities or PTSD(Post-Traumatic Stress Disorder) in countries with a long history of war or a large number of land mines. However, often, these people do not receive the benefits of social and economic rehabilitation efforts that aim to rebuild the country and restore peace. We should recognize the end of strife as a good opportunity to create a new "sense of value," and in order to infuse into society the concept that persons with disabilities are the major player in community and social development, we need to position them as the subjects of our assistance in our support for recovery and development.

Persons with disabilities can be a burden to reconstruction and development if they are seen only as people to care for and are institutionalized without their own wills or rights to decision-making. Therefore, we should consider them as potential partners in reconstruction and development and our cooperation should help them recognize their own "abilities" and offer them adequate supporting rehabilitation services (occupational, medical and social).

Reconstruction and development assistance and persons with disabilities:

When providing aid for peace-building, JICA conducts a peace-building and impact needs assessment (PNA) and then draws up cooperative plans for reconstruction and development. The assessment requires analyzing seven possible support areas; one of the areas is support for the socially vulnerable. Analyzing this area requires identifying the existence of physical disabilities and PTSD caused by mines and battles and reviewing what assistance is necessary. As a result of this process, the support for persons with disabilities in this field is effectively mainstreamed.

(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 JICA designs and constructs are user-friendly. For example, it should not be difficult for persons with disabilities to access or use roads, stations, bus terminals, trains, buses, hospitals, schools, etc., and therefore, we need to introduce universal designs as much as possible. JICA's designs are based on international standards, and we use our ingenuity in introducing technologies that meet local conditions and an adequate mode of living. Regarding public facilities, wash-basins and rest rooms should be checked for level of the convenience as viewed by persons in wheelchairs and persons with disabilities. To construct facilities friendly to persons with disabilities, it is valuable to obtain advice from them at the start of the design phase. Additionally, it is useful to compile an instructions manual for persons with disabilities to safely evacuate in case of an emergency.

We should take note that the concept of convenience is not especially geared to persons with disabilities, or persons with specific disabilities alone; it is based on the basic principle that all disabled people, aged persons, women and children should find facilities and equipment

easy to use. We should consider measures specifically aimed at persons with certain disabilities only when the basic measures are not sufficient.

In addition to introducing user-friendly hardware, it is highly important to foster support and understanding for the measures among society at large, including private companies, and additionally, to ask for their cooperation. For this purpose, it is necessary to increase public awareness through school education and publicity activities targeted at citizens in general.

### 4-1-2 Participation of persons with disabilities as project sponsors

Persons with disabilities should act as project sponsors in our country and those in developing countries where aid is offered. In both cases, they can effectively support other persons with disabilities because it is easy for them to understand their needs as they have the same disabilities. Besides providing support, the project sponsors can serve as role models for other disabled people and will empower them to identify their own abilities and strive for a similar mode of life.[42] JICA should recognize the benefits of their participation and must change its mindset from "it is difficult because they are persons with disabilities" to "what we should do to have them participate in the projects," With the movement of increased citizen participation, disabled people should be given equal opportunities as members of the community to help further their own country's development. Participation as project sponsors should start on cooperative projects targeted for persons with disabilities and where possible and necessary, should expand to other project areas.

In encouraging the participation of persons with disabilities in our country, we need to increase their opportunities as experts or volunteers for JICA projects, and at the same time, improve and make our implementation systems, such as training facilities and contents, more serviceable.[43] For volunteer projects, we should review our responses taking into view the possibility of a long-term dispatch of persons with disabilities. Vigorous publicity activities calling on organizations of persons with disabilities for participation in a variety of JICA events are also required. Finally, the application form for participation must inquire about the necessity of wheelchairs, helpers, sign-language interpreters, pamphlets in Braille and then JICA must take any necessary action.

### 4-1-3 Introduction of views of persons with disabilities

JICA's projects follow a series of processes comprising project planning, implementation, monitoring and evaluation and feedback to the next project. In order to make JICA's assistance 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.

(1) Understanding of the situation of persons with disabilities in the country concerned

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[42] 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.

[43] Regarding the environment improvement for JICA-related facilities, see 4-2-3.

Referring to the disability-related information by country in JICA's Web site, we describe the situation of persons with disabilities in "Project Execution Plan by Country". For countries for which there is no related information on persons with disabilities, we investigate at least the following points and share them with the people concerned with JICA.

The description 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

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

(2) When reviewing new programs and the survey results of requested programs

JICA is required to ensure that persons with disabilities participate in the JICA projects directly aimed at supporting them. In addition, for projects that are not directly targeting them, JICA must strive to ensure that they benefit from the assistance by remaining aware of their existence while reviewing JICA programs. When reviewing all new programs, JICA goes through the following processes.

a) Confirmation of consistency between requested programs and previously identified support policies for persons with disabilities in the country concerned

JICA should check the requested programs for consistency with the Project Execution Plan by Country (related information on persons with disabilities by country) and the relevant country's support policies for persons with disabilities. JICA must also exchange information and make adjustments with the partner government, related donors and NGOs in order to avoid duplication and ensure effective coordination.

b) Confirmation of target aid recipients

Before a project is carried out, JICA should check to what extent the aid recipients and

potential benefits to them have been identified.

- When persons with disabilities or persons engaged in welfare for persons with disabilities are the immediate beneficiaries.

  How the recipients or the persons engaged in welfare for persons with disabilities have been identified, or what characteristics they have—whether or not they are the key targets (organizations of persons with disabilities, their leaders and women with disabilities) of direct support.

- When immediate beneficiaries do not include persons with disabilities

  If changing the project designs will increase the chance of benefiting persons with disabilities and whether the change is possible or not.

c) Forecast of positive and negative impacts on persons with disabilities

JICA must estimate the potential impact of the projects not only on the beneficiaries, but also on the persons who may be affected indirectly. When negative impacts are expected, JICA should review the possible measures to restrain or alleviate them. JICA should analyze the potential negative affects 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 the opinions of persons with disabilities on policy formation | If persons with disabilities are included in the stakeholders group from the beginning of policy formation |
| Building the capacity of persons with disabilities | If persons with disabilities are given due considerations to the process of building the “five capabilities” on their own |
| Consideration for others’ capacity development | If people concerned with support for persons with disabilities have capacity-building programs to offer continuous goods and services to them |

As there is often not enough information at the reviewing stage, we should identify what information is required to confirm the various possibilities. When large impacts are expected, JICA must review in advance what investigations and responses are required during the preliminary survey or prior to the implementing the project.

d) Confirmation of persons with disabilities as project sponsors

Before carrying out projects, JICA should confirm whether persons with disabilities are included as project sponsors.

- When persons with disabilities or persons engaged in welfare for persons with disabilities are the immediate beneficiaries.

  When persons with disabilities become project sponsors, their precise knowledge of aid needs and their cooperative activities work to enhance the effectiveness of cooperation and the level of social impact. We review the participation of persons with disabilities both in Japan and in developing countries.

- When persons with disabilities are not included as immediate beneficiaries

  We should check if there is any chance of them taking part as project sponsors, or if they are excluded from the project.

(3) Preliminary evaluation of the project and preparation of the execution plan

At these stages, like with those discussed above, it is necessary, when conducting an onsite investigation, to conduct an impact analysis based on the aforementioned five check points, making sure that the project brings about positive results for disabled people.

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

In this instance, although quantitative data should naturally be employed, it alone will not fully clarify the situation of empowerment of persons with disabilities. Therefore, JICA must collect qualitative data from the viewpoint of persons with disabilities with their participation as much as possible.

It is important to fully realize that when persons with disabilities help to design projects and not just gather data, the parties concerned gain a better understanding of the project's purpose, goals and implementation methods, and the activities of the persons with disabilities themselves will enhance their own empowerment.

(4) Project implementation and monitoring

JICA should monitor the projects according to the evaluation and monitoring indexes set up at the stage of preliminary evaluation and to ensure smooth implementation, their progress should be measured at the time of formulating the yearly plan, quarterly reports, and mid-term evaluation. At that time, the monitoring methodology and plan revisions should be done by studying and analyzing the extent of achievement against the achievement index.

(5) Project completion

The project evaluation upon its completion should be examined and analyzed mainly based

on the five items (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. Meanwhile, we need to pay heed to partner ownership, making sure not to hinder it.

To share the knowledge gained through these processes, JICA should incorporated it into the disability guidelines, the related information on persons with disabilities by country and the project execution plan by country.

## 4-2 Improvement of environment for promoting mainstreaming

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

### 4-2-1 Promotion of 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, for starters JICA's officials, as project sponsors, should understand persons with disabilities correctly. This means that with the correct knowledge of persons with disabilities, we will be able to reflect their needs on target in our projects and raise the effectiveness of projects. There are following means in specific terms.

(1) Implementation of training

We should provide JICA officials and related partners with training with to deepen their understanding of persons with disabilities. The training is more effective if it has instructors comprising, whenever possible, of disable persons and persons concerned, and if the courses, including those for practical skills, are designed in such a way that participants are able to grasp the true situation of persons with disabilities with actual feeling.

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, in addition to JICA officials, JICA should provide training to other related persons, including coordinators, experts, volunteers in various fields and training managers.

To handle inquiries and visits to JICA-related facilities by persons with disabilities, a manual for the information desk should be prepared and distributed to various institutions. The manual should describe the basic points to keep in mind pertaining to the reception of persons with 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 assigned to supporting persons with disabilities, we should consider dispatching people who are already active in Japan in this field so that they gain the knowledge necessary to apply their past experiences while implementing

activities for developing countries.

(2) Establishment of a specialized section for officials working in the field

We should make "support for persons with disabilities" a specialized section for officials and along with nurturing officials with a high level of experience, we should work to further promote the projects in the area.

(3) Utilization of "JICA Knowledge Site"

We must collect and store the information concerning the support fields for persons with disabilities in the database and upgrade the system to make the most of the "JICA Knowledge Site."[44] If we utilize 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 experts and study groups; the contact addresses of key figures and related institutions, and past examples. When officials in charge of this field share their accumulated experiences with JICA, project design and implementation will improve.

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

(4) Site inspection by supporting committee members

To promote mainstreaming support for persons with disabilities into JICA projects, we dispatch relevant committee members to the project site to conduct a survey of the implementation done thus far. Through inspecting JICA's cooperative activities onsite, these members, who are experts in the field, and our overseas staff deepen their knowledge of persons with disabilities and we continue to give advice on how to effectively drive forward the mainstreaming of persons with disabilities.

### 4-2-2 Employment promotion of persons with disabilities as JICA officials

It means a great deal externally that JICA itself, in order to achieve the "full participation and equality" for persons with disabilities, has been carrying out vocational rehabilitation projects and strives to advance job development for persons with disabilities. In executing support projects for disable persons, JICA, the project sponsor, incorporates their viewpoint into the organization, and this fact, more than anything else, is the driving force for effectively implementing and managing projects. Disabled people understand the viewpoints necessary in giving support and JICA officials' understanding of the disabled is further enhanced by working together with them in the same place.[45] We, as an organization, need to secure a support system, including a user-friendly training environment for the officials with disabilities, so they can cultivate their expertise and capabilities in non-disability areas

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[44] 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 Web sites. With this Web site, 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 South-South Cooperation.
http://gwweb.jica.go.jp/km/km_frame.nsf

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

as well and gain opportunities to demonstrate them in other areas.

At the same time, the workplace environment must improve, both in hardware and software, so that 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 office layouts barrier-free, and introducing and installing office equipment (improvements of computers and interfaces) according to disability.

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

The employment of persons with disabilities is now a large issue internationally. To expand job opportunities for persons with disabilities, upgrading vocational training and promoting employer understanding have become indispensable.

### 4-2-3 Introduction of barrier-free facilities and universal design[46]

As part of the mainstreaming process, we are now required to build a system in which persons with disabilities utilizes JICA-related facilities. The JICA-related facilities we are referring to include headquarters, local centers, training centers for cooperative parties and overseas offices. Regarding the existing facilities, we should improve various features that deter access by persons with disabilities (making them barrier-free). When constructing new facilities, we should refer to the standards of the "Act on Buildings Accessible and Usable for the Elderly and Physically Disabled" and introduce in principle the universal design. With respect to equipment, we also apply the barrier-free concept, taking into consideration access for all people. For example, when buying new vehicles, we make sure that some of them are vans equipped with a lift. With regard to the necessary budgetary steps, we will review them in the future.

Below we list specific actions (by form of disability) that we have to consider in improving the present situation. When improving facilities or constructing new ones, we listen to the opinions of a number of persons with disabilities during the design phase in order to confirm that the designs are user-friendly.

Example: Improvement of offices and lodging facilities

(1) 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 on each floor.

Rooms for overnight accommodation: At least five wheelchair-friendly rooms to be built. We should secure an adequate space, especially in the bathroom, so that the person in wheelchair can go in and leave and remove steps as much as possible.

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

Others: We need to remove as much as possible steps at the entrance and inside the building, and, where steps must be used, we must build a ramp for wheelchairs. We must ensure that enough space inside the building is secured for easy movement in a wheelchair.

(2) Persons with visual impairments

Elevator: The elevator should indicate the floors both in Braille and raised letters right next to the buttons for each floor. Voice guidance (in 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.

(3) Persons with hearing impairments

Room for overnight accommodation: As it is difficult to hear a knock, 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 at the same time the emergency bell goes off

In order to implement 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. It is vital that each facility have an evacuation plan and guidelines manual in case of emergency.