

**Disability-inclusive disaster risk reduction and humanitarian action: an urgent
global imperative:**

United Nations World Conference on Disaster Risk Reduction and the Progress

Thereafter

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I. Introduction

On 15 March 2015, the United Nations Department of Economic and Social Affairs (DESA) Public Forum: “Taking action toward a disability-inclusive disaster risk reduction framework and its implementation” was organized by the Secretariat for the Convention on the Rights of Persons with Disabilities (SCRPD) of the Division for Social Policy and Development (DSPD) of United Nations DESA, in collaboration with the Ministry of Foreign Affairs of Japan, the Japan Disability Forum (JDF), the Nippon Foundation, Tohoku University, United Nations University International Institute for Global Health (UNU-IIGH), and the World Bank Group, at the Third United Nations World Conference on Disaster Risk Reduction (WCDRR), held at Sendai, Japan, from 14 to 18 March 2015. The Public Forum discussed and proposed concrete recommendations toward disability-inclusive disaster risk reduction (DiDRR) as a contribution to WCDRR and its outcome, namely, the Sendai Framework for Disaster Risk Reduction 2015-2030 ([A/RES/69/283](#)), as well as the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs) ([A/RES/70/1](#)) adopted at the United Nations General Assembly. The Forum also undertook stocktaking, review and assessment of the effectiveness of existing disaster risk reduction (DRR) policies and programmes, as well

as assessing the progress made and lessons learned for the advancement of DiDRR at local, national, regional and international levels. It was also intended to strengthen and broaden the participants' networks so that they could collaborate further to integrate disability-related issues within global development efforts.

The presenters included stakeholders from local, national, and international organizations, civil society, academia and non-governmental organizations (NGOs) including organizations of persons with disabilities. Ms. Akiko Ito, Chief of the SCRPD, DSPD, United Nations DESA, gave the opening statement. Ms. Miki Ebara, NHK World Editor-in-Chief, Dr. Takashi Izutsu, Senior Knowledge Management Officer, World Bank Group, and Dr. Hiroshi Kawamura, Focal Point for the Disability Caucus for DiDRR, served as moderators in the subsequent sessions.

Noticeably, the accessibility needs of the participants at the Public Forum were taken fully into consideration. All the presentations had Communication Access Realtime Translation (CART) and sign language interpretations, and the venue was arranged in a way that maximized accessibility for the participants. Slopes and elevators were also available.

Since then, differing degrees of progress have been made in mainstreaming disability in DRR, with further good practices and lessons learned in the implementation

of DiDRR. In addition, important milestones have been subsequently developed, such as the Charter on Inclusion of Persons with Disabilities in Humanitarian Action, endorsed at the World Humanitarian Summit, and the New Urban Agenda ([A/RES/71/256](#)), adopted at the United Nations Conference on Housing and Sustainable Urban Development (Habitat III), both in 2016, in addition to the 2030 Agenda for Sustainable Development and SDGs in which the international community made an explicit commitment to the advancement of the rights of persons with disabilities. In addition, the United Nations Disability Inclusion Strategy and the Inter-Agency Standing Committee Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action were issued in 2019. This report adds an overview of DiDRR including recent achievements, ongoing barriers and challenges, and international normative frameworks after the WCDRR to March 2018.

The report was developed by Takashi Izutsu, Ph. D. the University of Tokyo, in partnership with Professor Atsuro Tsutsumi, Kanazawa University, United Nations, UNU-IIGH, United Nations Population Fund (UNFPA), organizations of persons with disabilities, and global experts and practitioners.

II. Overview: the situation of persons with disabilities in disaster risk reduction and emergency situations

a. Ongoing barriers and challenges

The Hyogo Framework for Action (HFA): Building the Resilience of Nations and Communities to Disasters was adopted at the World Conference for Disaster Reduction in 2005 to advance the inclusion of DRR in the social and economic development agenda and its implementation. Since the adoption of the HFA, progress has been achieved in reducing disaster risks at local, national, regional and global levels by countries and other stakeholders. Nevertheless, over the past ten years, disasters have continued to exact a heavy toll – more than 1.5 billion people have been affected by disasters in various ways, including over 700 thousand people losing their lives, over 1.4 million people being injured, and approximately 23 million people made homeless as a result of disasters.¹ Moreover, disasters are increasing in intensity and frequency, and those exacerbated by climate change are significantly hindering progress toward sustainable and inclusive development. Increased exposure to disaster risks comes with significant socio-economic

¹ A/CONF.224/PC(II)/L.3 (2014) Post-2015 framework for disaster risk reduction – Zero draft submitted by the co-chairs of the Preparatory committee, P.3.

effects in the short-, medium- and long-term, especially on marginalized populations including persons with disabilities.

According to the World Report on Disability,² there are more than 1 billion people living with some form of disability. Furthermore, these people (15 per cent of the world's population) face higher risks and are disproportionately affected by disasters and emergency situations. Available data reveal that the mortality rate of the population of persons with disabilities is two to four times higher than that of the population of persons without disabilities in many disaster situations.³ Too often, the early warning systems for disasters are not adapted to the needs of persons with disabilities and the evacuation efforts in disasters leave persons with disabilities behind owing to a lack of accessible and inclusive preparation, planning, information, attitude, facilities and services. Most shelters and refugee camps are not accessible and inclusive, and persons with disabilities are often turned away because of stigma and discrimination, as well as through an incorrect perception that they require complex medical services.⁴

Taking a people-centred approach, the HFA identified several key activities that

² WHO and World Bank (2011) World Report on Disability.

³ Rehabilitation International (RI), the Nippon Foundation and UNESCAP, "Sendai Statement to Promote Disability-inclusive Disaster Risk Reduction for Resilient, Inclusive and Equitable Societies in Asia and the Pacific" (24 April 2014). Available at <http://www.riglobal.org/sendai-statement-to-promote-disability-inclusive-disaster-risk-reduction-for-resilient-inclusive-and-equitable-societies-in-asia-and-the-pacific/>

⁴ CRPD/CSP/2015/4.

pay attention to persons with disabilities to enhance efforts to strengthen DRR. However, no mention was made of how to promote the effective participation and potential contribution of persons with disabilities, and DiDRR was not explicitly addressed.

An online survey conducted by the United Nations Office for Disaster Risk Reduction (UNISDR), focusing on persons with disabilities, indicates that only 10 per cent of persons with disabilities believe that their local government has emergency, disaster management or risk reduction plans that address their access and functional needs, and only 20.6 per cent reported they could independently evacuate immediately without difficulty in the event of a sudden disaster. Furthermore, the needs of persons with disabilities tend to be overlooked during the course of post-disaster recovery and reconstruction efforts, and persons with disabilities are rarely consulted about their needs, while more than 50 per cent of persons with disabilities expressed a desire to participate in community disaster management and risk reduction processes.⁵ Marginalized persons with disabilities, such as children and women with disabilities, migrants with disabilities, persons with invisible disabilities including persons with mental health conditions and psychosocial disabilities and persons with intellectual disabilities among others, tend to confront more severe challenges.

⁵ UNISDR (2014) UNISDR 2013 Survey on Living with Disabilities and Disasters.

b. International normative frameworks

The United Nations has sought to promote the inclusion, accessibility and participation of persons with disabilities in DRR strategies and policies within the context of its work to advance the rights and inclusion of persons with disabilities in society and development, as well as in its work in the field of DRR.⁶

The commitment of the international community to promote the full and effective participation of persons with disabilities in all aspects of society and development is deeply rooted in the United Nations Charter and the Universal Declaration of Human Rights, along with numerous international instruments concerning human rights and development. Building on decades of effort by the United Nations, Member States, persons with disabilities and other stakeholders, the Convention on the Rights of Persons with Disabilities (CRPD) ([A/RES/61/106](#)) was adopted in 2006, as a benchmark human rights and development instrument to transform the way society views disability and persons with disabilities, giving legal force to the long-standing commitment of the

⁶ The International Strategy for Disaster Reduction builds upon the experience of the International Decade for Natural Disaster Reduction (1990-1999), which was launched by the General Assembly in 1989. The International Strategy embodies the principles articulated in several major documents adopted during that decade, including, in particular, the “Yokohama Strategy for a Safer World: Guidelines for Natural Disaster Prevention, Preparedness and Mitigation and its Plan of Action” and “A Safer World in the 21st Century: Disaster and Risk Reduction”.

United Nations to recognize the equal and full participation of persons with disabilities as both agents of change and beneficiaries in society and development.

The CRPD, in Article 4.1, requires States Parties to undertake to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability. Article 11 specifically addresses persons with disabilities in situations of risk and humanitarian emergencies and requires States Parties to take, in accordance with their obligations under international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including humanitarian emergencies and the occurrence of natural disasters. Furthermore, the CRPD, in Article 32, urges States Parties to undertake appropriate and effective measures to advance international cooperation and its promotion, including ensuring that international cooperation is inclusive of and accessible to persons with disabilities, as well as facilitating and supporting capacity-building, including through the exchange and sharing of information, experiences, training programmes and best practices, among other relevant factors.

Meanwhile, a series of multi-lateral frameworks and declarations concerning

DRR have been developed during the past decade, including the Millennium Declaration⁷ of September 2000, the International Strategy for Disaster Reduction launched in 2000, and the Johannesburg Plan of Implementation of the World Summit on Sustainable Development. As mentioned earlier, the HFA, more specifically, identified key activities to enhance efforts to strengthen DRR worldwide, including developing early warning systems that are people-centred, ensuring equal access to appropriate training and educational opportunities for women and “vulnerable” constituencies, and strengthening the implementation of social safety-net mechanisms to assist poor populations, older persons and persons with disabilities.⁸ These activities, if properly implemented, could all enhance the resilience of persons with disabilities in the face of disaster risks.

Since the adoption of the CRPD, the international community has witnessed progress in the advancement of rights for persons with disabilities. A series of international development frameworks have included the needs and perspectives of persons with disabilities to ensure a more inclusive, sustainable development for all.

The Sendai Framework for Disaster Risk Reduction 2015–2030, adopted at the WCDRR, emphasized empowerment and inclusive, accessible and non-discriminatory

⁷ A/RES/55/2.

⁸ The Hyogo Framework for Action 2005-2015: Building the Resilience of Nations and Communities to Disasters ([A/CONF.206/6](#)).

participation, paying special attention to people disproportionately affected by disasters, and recognized the importance of a perspective from persons with disabilities in all policies and practices. It also highlighted the positive contribution that persons with disabilities can make to providing a universally accessible response, recovery, rehabilitation and reconstruction. In particular, it called for the inclusion of and contributions from persons with disabilities in the design and implementation of policies, plans and standards on DRR. The Sendai Framework for Disaster Risk Reduction 2015-2030 has been transformative in integrating a perspective of psychosocial well-being, and states that it is important to “enhance recovery schemes to provide psychosocial support and mental health services for all people in need.”⁹

The urgency of inclusion of persons with disabilities in humanitarian action was also highlighted at the World Humanitarian Summit in 2016. More specifically, the Charter on Inclusion of Persons with Disabilities in Humanitarian Action, endorsed by Member States, United Nations agencies and numerous human rights networks and organizations, has reaffirmed a determination “to make humanitarian action inclusive of persons with disabilities and to take all steps to meet their essential needs and promote the protection,

⁹ Sendai Framework for Disaster Risk Reduction 2015–2030 (A/RES/69/283)
https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_69_283.pdf

safety and respect for the dignity of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.” The Charter established five actionable commitments that all humanitarian actors should aim to achieve for the inclusion of persons with disabilities in humanitarian action: non-discrimination; participation; inclusive policy; inclusive response and services; and cooperation and coordination.

More recently, the New Urban Agenda, adopted at the United Nations Conference on Housing and Sustainable Urban Development (Habitat III) in 2016, pledged to eliminate discrimination, provide equal access to technology, employment and public services, including transport infrastructure, for persons with disabilities, and ensure their participation in decision-making processes in urban planning. All these factors are critical to building up the resilience of persons with disabilities in the face of risk and emergency situations.

With the adoption of the 2030 Agenda for Sustainable Development, the international community also made an explicit commitment to the advancement of the rights of persons with disabilities as a global priority. On the principle of “leaving no one behind”, the 2030 Agenda explicitly recognized disability as a cross-cutting issue, and included it in the five Goals and seven Targets in the SDGs related to education, growth

and employment, inequality, accessibility of human settlements, and data collection, monitoring and accountability. Moreover, persons with disabilities are recognized among those vulnerable groups for whom progress must be particularly monitored, as Member States aim to achieve universal goals concerning basic needs. Thus, mainstreaming disability has garnered momentum in moving forward the achievement of the SDGs as well as inclusive and sustainable development.

The international normative frameworks on disability and development, consisting of human rights and development instruments, provide legal and comprehensive guidance for policy-making, legislation and programme development for DiDRR. In addition, several studies indicate that integrating the needs and voices of persons with disabilities at all stages of disaster management processes, especially during planning and in developing preparedness, can significantly reduce risks and increase the effectiveness of the efforts made by various stakeholders.

The Sphere Handbook, fourth edition¹⁰ published in 2018, highlighted the importance of including persons with disabilities through consulting with persons with disabilities, ensuring accessibility through addressing barriers and discrimination, and

¹⁰ Sphere Association. The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response, fourth edition, Geneva, Switzerland, 2018. www.spherestandards.org/handbook

undertaking disability-disaggregated data collection utilizing the Washington Group on Disability Statistics¹¹, among other considerations.

The United Nations Flagship Report on Disability and Development, launched in 2018, highlighted the rights of persons with disabilities in humanitarian contexts.

In addition, the Inter-Agency Support Group for the Convention on the Rights of Persons with Disabilities issued the United Nations Disability Inclusion Strategy (UNDIS) in 2019. UNDIS is a comprehensive strategy for ensuring that the United Nations system is fit for purpose in relation to disability inclusion. It provides a foundation for sustainable and transformative progress on disability inclusion through all pillars of the United Nations' work.

Furthermore, the Inter-Agency Standing Committee (IASC) published the Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action. The Guidelines set out essential actions that humanitarian actors must take in order to effectively identify and respond to the needs and rights of persons with disabilities who are most at risk of being left behind in humanitarian settings.

The United Nations Children's Fund (UNICEF)¹² and the Office of the United Nations

¹¹ Washington Group on Disability Statistics. 2018. www.washingtongroup-disability.com

¹² Including Children with Disabilities in Humanitarian Action: Child Protection. UNICEF, 2017. training.unicef.org/disability/emergencies/protection.html

High Commissioner for Refugees (UNHCR)¹³ have issued guidance on including children with disabilities in humanitarian action and refugees with disabilities within forced displacement responses, respectively. The World Health Organization (WHO) and UNFPA issued a guidance note on promoting sexual and reproductive health for persons with disabilities.¹⁴ All these various instruments and guidelines will assist in implementing effective DiDRR.

In particular, gender and sexual and reproductive health aspects have long been neglected. At the 2018 Asian Ministerial Conference on Disaster Risk Reduction in Ulaanbaatar, Mongolia, UNFPA advocated to ensure gender-sensitive DRR actions, including universal access to sexual and reproductive health services, prevention of and response to gender-based violence, and the meaningful participation of persons with disabilities alongside with women and young people in leadership roles for DRR.^{15, 16}

¹³ Need to Know Guidance: Working with Persons with Disabilities in Forced Displacement. UNHCR, 2011. www.unhcr.org/4ec3c81c9.pdf

¹⁴ Promoting sexual and reproductive health for persons with disabilities: WHO/UNFPA guidance note. WHO/UNFPA, 2009. <https://www.unfpa.org/publications/promoting-sexual-and-reproductive-health-persons-disabilities>

¹⁵ Asian Ministerial Conference on Disaster Risk Reduction (2018). Ulaanbaatar Declaration.

¹⁶ Asian Ministerial Conference on Disaster Risk Reduction (2018). Action Plan 2018-2020 of the Asia Regional Plan for Implementation of the Sendai Framework for Disaster Risk Reduction 2015-2030.

III. Disability–inclusive disaster risk reduction

a) Progress made in mainstreaming disability in disaster risk reduction

The CRPD, particularly in Article 11, specifically prompted various political and civil actions to promote and protect the rights of persons with disabilities at both policy and programme levels worldwide.

The Sendai Framework for Disaster Risk Reduction 2015-2030, adopted at the Third United Nations WCDRR, in taking an “all of society” approach that incorporated concepts of inclusion, accessibility and universal design, also motivated Member States and other key stakeholders to strengthen their efforts to advance DiDRR, with special attention to including persons with disabilities in all stages of DRR policy and programme development as well as in implementation. This approach complemented various activities related to the 2030 Agenda and the SDGs, particularly Goal 11 together with other Goals, and the principle of “leaving no one behind.”

In December 2015, Governments, UNISDR, regional and international NGOs working on disability and DRR and other major stakeholders gathered in Dhaka, Bangladesh, for the Dhaka Conference on Disability and Disaster Risk Management. Building upon the Sendai Framework for Disaster Risk Reduction 2015-2030, and the outcome document, the Dhaka Declaration on Disability and Disaster Risk Management,

recognized that inclusive DRR policies and relevant and appropriate laws and regulations are essential to create an enabling environment for reducing existing disaster risks, preventing new risks, building resilient communities, and facilitating effective local, national, regional and international cooperation to increase already incremental investment in inclusive disaster risk management.^{17, 18}

In 2017, the Global Platform for Disaster Risk Reduction took place in Cancun, Mexico, and this has served as the main forum at the global level for strategic advice, coordination, partnership development and the review of progress in the implementation of international instruments on DRR. Concerning DiDRR more specifically, a consultative forum was organized by United Nations DESA, UNISDR, CBM, the Assistive Technology Development Organization (ATDO), the Nippon Foundation, and Rehabilitation International. Approximately 50 participants from various sectors shared experiences of progress made concerning DiDRR in the context of the implementation of the Sendai Framework for Disaster Risk Reduction 2015-2030, and discussed the barriers they encountered and possible ways forward.

¹⁷ UNSIDR (2015) The Dhaka Declaration on Disability and Disaster Risk Management adopted at the Dhaka Conference on Disability and Disaster Risk Management 2015.

¹⁸ The Dhaka Declaration is recognized as providing practical guidance for inclusive implementation of the Sendai Framework. Countries have been urged to implement the Declaration and report progress in that regard when indicating progress in relation to the Sendai Framework in 2019.

The Asia-Pacific region is the most affected by disasters,¹⁹ and also one of the most active regions in mainstreaming disability in development and society. In 2012, the Incheon Strategy²⁰ was adopted in Incheon, Republic of Korea, marking the conclusion of the second Asian and Pacific Decade of Disabled Persons and the launch of a new Decade. Building on the CRPD and regional frameworks for action,²¹ the Incheon Strategy set out 10 goals, 27 targets and 62 indicators through which the social, political and economic inclusion of persons with disabilities could be tracked. “Ensure disability-inclusive disaster risk reduction and management” was listed as one of the standalone goals in the Incheon Strategy.

The Latin American and Caribbean region is also exposed to a wide variety of natural hazards, and the region has continued mainstreaming disability into its efforts concerning DRR. The Centro de Coordinación para la Prevención de los Desastres Naturales en América Central, for example, adopted standards in 2016 to strengthen the participation and protection of persons with disabilities in DRR and response policy and practice.

¹⁹ Between 2011 and 2015, the region experienced 687 climate-related disasters, accounting for 45% of all disasters globally.

²⁰ The United Nations Economic and Social Commission for Asia and the Pacific (2012) Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific.

²¹ The Biwako Millennium Framework for Action and Biwako Plus Five towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific.

In Europe, the European and Mediterranean Major Hazards Agreement (EUR-OPA) has contributed to global efforts in relation to DRR. The EUR-OPA aims to reinforce and to promote cooperation between Member States in a multi-disciplinary context to ensure better prevention, protection against risk and better preparation in the event of major natural or technological disasters, and its work focuses on allowing persons with disabilities to continue contributing to ensure better resilience in the face of disasters for persons with disabilities.²²

b) Good practices and lessons learned in the implementation of disability-inclusive disaster risk reduction

Coordination for disability-inclusive disaster risk reduction policies

Bulgaria has made a senior member of Government responsible for coordinating policy, plans and measures responsive to the needs of persons with disabilities in emergency and disaster situations. Currently, measures for persons with disabilities fall under the Natural

²² The Agreement's work for persons with disabilities includes the publications "Major Hazards and People with Disabilities. Their Involvement in Disaster Preparedness and Response", which includes guidelines for assistance and a recommendation for the inclusion of persons with disabilities in preparedness and response, and "Toolkit for Civil Protection Professionals", which is intended to provide practical guidance for the improvement of services, plans and support for persons with disabilities in emergency situations.

Disaster Protection Act, which covers risk assessment, planning, risk reduction, resources, warning procedures, emergency response and rescue procedures. The Bulgarian Government has a policy to promote the integration of persons with disabilities, which is designed to take account of the needs of persons with disabilities and support them actively. European Union (EU) funding was used to create a register of persons with disabilities in Bulgaria.

Planning within the preparedness process

In the Dominican Republic, the Dominican Integral Development Institute (IDDI) has helped reduce the vulnerability of persons with disabilities in disaster situations, through promoting community-based preparedness and mitigation activities, self-protection measures, and facilitating increased coordination and emergency response capabilities among various community groups. More specifically, to build awareness of the unique needs of persons with disabilities during disasters, the IDDI has worked with 16 communities in the lower watershed of the Ozama-Isabela River, Santo Domingo Province, that are highly vulnerable to hydro-meteorological hazards, including flooding and landslides. This DRR project also strengthened coordination among advocacy groups for individuals with disabilities and local and municipal organizations within the National

System of Disaster Risk Management. Additionally, the project helped to improve and adapt early warning systems, community evacuation routes, and emergency shelter facilities to more effectively meet the needs of persons with disabilities. To facilitate rapid response and ensure communities are adequately equipped to meet a variety of differing needs during a disaster, the IDDI provides training, tools, and equipment to the community emergency committees, including wheelchairs, walkers, canes, crutches, stretchers, megaphones, two-way radios, emergency lanterns, and first-aid supplies.

In the Philippines, the National Council on Disability Affairs has established DiDRR programmes which all local government units are required to implement. These programmes include capacity building for key stakeholders, participatory capacity vulnerability assessment, psychosocial support for persons with disabilities and their families, and the development of local inclusive rehabilitation and reconstruction plans. In seeking to implement these programmes, the Government and NGOs including organizations of persons with disabilities are collaborating closely. Various planning, policy and implementation system development programmes, and trainings, are proceeding, involving the Center for Disaster Preparedness, the Department of Social Welfare and Development, the National Council on Disability Affairs, the Department of

Health, the Office of Civil Defense, the National Disaster Risk Reduction and Management Council, local government units, academia, NGOs and organizations of persons with disabilities.

In Japan, the Kumamoto Organization of Persons with Developmental Disability developed an information card for persons with disabilities on which possible challenges and desirable reasonable accommodations can be written in an easy-to-fill-in and easy-to-communicate form. This idea was based on lessons learned during the response to the strong earthquake in 2016 when the various barriers faced by persons with developmental disorders, for whom loud sounds, bright lights, unexpected events, and other aspects of emergencies can be stressful, were not well understood. Some individuals experienced substantial stress and even committed self-harming behaviours. The information card enables persons with disabilities to convey necessary messages in crisis situations when one might find communicating with words difficult. The process of filling in the card in and of itself also promotes preparedness among persons with disabilities. The Kumamoto Organization of Persons with Developmental Disability also began sharing lessons via the media and organizing awareness-raising workshops among humanitarian stakeholders. In these workshops, dialogues with persons with disabilities, rather than one-way lectures,

are extensively employed so that misunderstandings and stigma can be addressed and individual differences can be understood.

Alongside the Government of Australia, UNFPA launched a four-year programme in 2018 in the Pacific subregion to transform the lives of women, adolescents and youth, with an emphasis on inclusion of marginalized groups, with special attention to persons with disabilities and survivors of gender-based violence. With a range of national, regional and global partners, UNFPA is working to increase the availability of high-quality sexual and reproductive health services and to develop health workers' skills while aligning guidelines and protocols with international standards. UNFPA and partners expand evidence-based policies and programmes that support this work in DRR and emergency preparedness and response.

Raising awareness and capacity development

In Uganda, the National Union of Disabled Persons of Uganda (NUDIPU), an umbrella NGO comprising persons with disabilities in Uganda who advocate for the rights of persons with disabilities, is implementing a DiDRR project alongside the Norwegian Association of Disabled to help build resilience among persons with

disabilities in disaster-prone districts. In response to the Sendai Framework for Disaster Risk Reduction 2015-2030, the project has started training persons with disabilities and their organizations on DiDRR. The training includes topics such as how to ensure inclusion and accessibility in DRR activities at both national and district levels. In addition, the NUDIPU has conducted advocacy campaigns, established partnerships with research institutions, engaged with the media on DRR and disabilities, conducted training of trainers, and developed minimum indicators for DiDRR through reviewing existing policies and laws on DRR. As a result, various stakeholders at district and national levels have started to include persons with disabilities in their programmes as active contributors.

Data collection

In 2013, the Council of Europe introduced an initiative which involved sending a questionnaire on DRR and emergency preparedness for persons with disabilities to all 26 member countries of the EUR-OPA and other members of the Council of Europe.²³

Utilizing these data, based on the European Disability Strategy 2010-2020²⁴, active inclusion and full participation of person with disabilities are monitored. A progress

²³ EUR-OPA (2013) Questionnaire on Disability Inclusive Disaster Risk Reduction. APCAT 2013. European and Mediterranean Major Hazards Agreement (EUR-OPA), Council of Europe, Strasbourg.

²⁴ <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2010:0636:FIN:en:PDF>

report²⁵ was published in 2017.

In Kumamoto, Japan, when a magnitude 7.0 earthquake struck right after a magnitude 6.2 earthquake, some persons with disabilities experienced exclusion from evacuation sites, including persons with mental health conditions, psychosocial disabilities and intellectual disabilities, among others. Organizations for persons with disabilities had to establish their own evacuation sites to provide accommodations and basic services. However, even among evacuation sites developed by organizations of persons with disabilities, some persons with disabilities were refused access. Those excluded persons with disabilities tended to be out of reach in terms of data collection, and real situation and needs were not reflected in planning and decision-making. Based on that experience, the Kumamoto Organization of Persons with Developmental Disability is advocating for changing this, and they are developing a data collection system to reach out to and include those who are excluded from social services such as evacuation sites.

Emergency response

In Belgium, text messages have been used to alert deaf people to emergency situations.

²⁵ <https://ec.europa.eu/social/BlobServlet?docId=16995&langId=en>

In Norway, hospitals, nursing homes, and home care assistants have a general obligation to evacuate persons with reduced mobility in an emergency.

Serbia designed a pilot project to enable persons with hearing and speech impairments to contact emergency services on emergency numbers in an accessible manner in case of need that has been ongoing since 2013.

In New Zealand, disaster services such as emergency call centres have been made accessible to persons with disabilities. In addition, a specific call centre was set up for persons with disabilities to address their needs or refer them to appropriate services. Further, firefighters have created a unit of officers who speak sign language. During the aftermath of the Christchurch earthquake in 2011, sign language interpreters were used in all television information sessions as well.

In the United States, the Federal Emergency Management Agency (FEMA) has dedicated a part of its website to information resources for persons with disabilities. The website offers advice on how to support persons with disabilities and explains projects

that were implemented to improve access and support for persons with disabilities following Hurricane Katrina.

In the United States, occupational health and safety requirements require an occupant emergency plan to be drawn up for major buildings. For the safe and successful evacuation of persons with disabilities, the installation and use of guidance systems, planning of alternative accessible exits, the installation of visual and acoustic alarms, special signage for persons with visual impairments and ensuring that obstacles are not present along evacuation routes are required.

One key to the success of programmes is the inclusion of persons with disabilities, and their representatives, in the decision-making process. Another is the inclusion of these programmes as an essential component within government policy-making and legislative processes, with many countries starting to act in this matter. Providing greater safety for persons with disabilities should be neither optional nor something that can be “left until later”, as it is a matter of basic rights. Planning, training and the provision of information are essential to ensure that these basic rights are guaranteed, along with processes involving information sharing, learning from good practice and standardizing approaches

between countries.

Mental well-being and psychosocial support in disasters

The IASC, which is a platform involving a broad range of United Nations and non-United Nations humanitarian organizations, issued the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings in 2007. The Guidelines integrated disability perspectives in various sectors. The Psychological First Aid (PFA): Guide for Field Workers published by WHO, War Trauma Foundation and World Vision, in 2011, has been widely used in various emergency settings to enable a humane, supportive response to fellow human beings including persons with disabilities who are suffering and who may need support. For example, in Japan, the PFA orientation sessions have been implemented by the National Information Centre for Disaster Mental Health for more than 5000 people since 2012. The World Bank Tokyo Development Learning Center, in collaboration with UNU-IIGH and the National Institute of Mental Health, Japan, has instituted distant learning on PFA with connecting groups of Government officials and practitioners in China, Indonesia, Japan, Mongolia, Nepal, the Netherland, the Philippines, Sri Lanka, and Viet Nam. A self-learning PFA e-module was also launched for public use globally by the University of Tokyo, Kanazawa University, United Nations, the National

Institute of Mental Health, Japan, UNU-IIGH, UNFPA and other partners with support from the Japan Agency for Medical Research and Development.²⁶

The Japan International Cooperation Agency (JICA), together with the Government of China as well as local municipalities, implemented a capacity development programme on psychosocial support in Sichuan, China, from 2009 to 2014, after the Sichuan Great Earthquake. It integrated DiDRR perspectives in its policy development and activities implementation by including organizations of persons with disabilities. The programme paid special attention to inclusion of all persons with disabilities including persons with mental health conditions and psychosocial disabilities, as well as persons with intellectual disabilities.

Muntinlupa City in the Philippines often experiences floods and fire. The City Health Office has been providing training on mental health and psychosocial support after crises to community health workers and other key stakeholders, with a special focus on including persons with disabilities among participants. In addition, the Office has been

²⁶ Psychological First Aid e-Orientation.

<https://www.youtube.com/playlist?list=PLtWjmBOuKQBdk734agp5XN09ciQ1c-WfQ>

conducting community-based research on mental health and psychosocial well-being and human rights including disability rights, and resilience, in order to develop globally comparative scales and identify rights-based needs, in collaboration with Kanazawa University and the University of Tokyo, Japan.

The Ministry of Health in Malaysia dispatched a psychosocial support team to Malaysia and China when a scheduled passenger flight from Kuala Lumpur to Beijing went missing. The team coordinated and provided psychosocial support to the family members of passengers on the flight while ensuring the use of disability-inclusive and gender- and culture-sensitive approaches that were reflective of the multicultural and diverse backgrounds of international passengers.

Moreover, a European Commission-funded project, “European Network for Psychosocial Crisis Management – Assisting Disabled in Case of Disaster,” has been designed to promote the integration of psychosocial support into disaster management for persons with disabilities.

Recovery

Following severe floods in 2010, the Government of Pakistan put in place a nationwide social safety net programme that has successfully reached an estimated eight million flood-affected people. The programme proved that beneficiary registration and information management systems that include disability within social protection programmes can facilitate more inclusive vulnerability targeting for large-scale disaster responses including one-time cash transfer payments for housing damage and crop loss. The strategy resulted in increased coverage of households headed by persons with disabilities.

Mainstreaming the social model and mobilizing young people as agents of change

The CRPD states “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” This Article reflects a paradigm shift from the “medical model” to the “social model.” The “social model” understands disability to be due to social barriers caused by a lack of reasonable accommodation and by exclusion, and not caused by individual characteristics or medical conditions. Promotion and protection of the rights of persons with disabilities requires efforts by everyone within society, to remove

physical, psychological and social barriers. In particular, persistent attitudinal barriers affect the minds of people on the ground. Article 8 requires the adoption of immediate, effective and appropriate measures “to raise awareness throughout society, including at the family level, regarding persons with disabilities, and to foster respect for the rights and dignity of persons with disabilities” as well as “to combat stereotypes, prejudices and harmful practices relating to persons with disabilities, including those based on sex and age, in all areas of life.”

In 2016, UNFPA, with financial support from the Spanish Agency for International Development Cooperation, and a host of partners launched WE DECIDE, a programme that aims to strengthen the voices and participation of young people with disabilities on the issues and policies that affect them. Through advocacy, a global study was launched in 2018 to strengthen national laws and policies that foster social inclusion and gender equality for the benefit of young persons with disabilities, especially young women and girls, who face high levels of gender-based violence. The programme aims to eliminate discrimination and promote their rights to be active members of society. Subsequently, UNFPA, along with Women Enabled International (WEI), produced guidelines for women and young persons with disabilities, providing practical suggestions for making

gender-based violence and sexual and reproductive health services, including cross-cutting mental health and psychosocial support services, more inclusive and accessible and targeting interventions to meet their disability-specific needs.²⁷

In Japan, a group of young people initiated the “EMPOWER Project”, which promotes “coming-out by supporters” with a “magenta star” logo. Rather than taking coming out by persons with disabilities or other marginalized populations for granted, the project promotes expressing one’s intention to “support” others so that those who want support can easily recognize supporters, and strengthen social support networks among community members. Many needs after crises or in daily living can be supported by non-professionals. If the needs are beyond the capability of a supporter, that supporter can link the person in need to someone who might be able to provide better support, including professionals. The EMPOWER Project is innovative in its focus on the needs of individuals rather than on individual attributes, and in viewing differences based on age, gender, disability or nationality not as stereotypic barriers but as resources. This approach helps to promote the concept of a social model of disability, and to empower both persons

²⁷ UNFPA (2018). Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights

with disabilities and those who want to support others through removing barriers and making society more inclusive and resilient. The EMPOWER Project has been collaborating with UNICEF, UNFPA, UN Women, UNU, United Nations World Food Programme (WFP), Pierre Hermé Paris, and other related organizations.

Persons with disabilities as active agents

When the Great East Japan earthquake occurred in 2011, numerous persons with mental health conditions and psychosocial disabilities in Minamisoma City, Fukushima Prefecture, faced challenges in accessing social, employment and health services after many of the local systems were temporarily shut down due to damage caused by the disaster. Local groups of persons with mental health conditions and psychosocial disabilities together with members from an organization of persons with mental health conditions and psychosocial disabilities in Ota Ward in Tokyo, as well as other local stakeholders working in the social protection sector, initiated a transportation service involving coordinating cars and drivers so that persons with mental health conditions and psychosocial disabilities could continue accessing social, employment and health services that were critical for many of them. This activity was made possible thanks to the rapid provision of financial support from a fund of the Ministry of Health, Labour

and Welfare. The service started to expand to include other persons with disabilities, and still provides services after seven years.

During the earthquake, there were many persons with mental health conditions and psychosocial disabilities including children who were excluded even from “inclusive” evacuation sites. Some were rejected or asked to leave at up to 20 sites. Organizations of persons with mental health conditions and psychosocial disabilities in the disaster-affected areas and other areas in Japan including Tokyo started collaboration with Government stakeholders, academic institutions and young people to develop interdisciplinary and multi-faceted countermeasures based on that negative experience.

Annex 1. Short Orientation on Disability-inclusive Disaster Risk Reduction and Humanitarian Action

1. Introduction

When humanitarian crises such as natural disasters, man-made disasters or conflicts happen, persons with disabilities tend to be marginalized and disproportionately affected. As a result, the mortality rate for persons with disabilities is two to four times higher in disasters than for persons without disabilities.

Persons with disabilities comprise 15 per cent of the global population. For example, one out of ten children and 46 per cent of persons aged 60 years and over have a disability. One out of three women is likely to experience disability during her life.

This means that it is crucial to ensure accessibility and inclusion of persons with disabilities at all stages of humanitarian response including preparedness, response, and recovery.

In order to do so, knowing what to do and what not to do in humanitarian response is necessary to ensure persons with disabilities are not marginalized, discriminated or

excluded.

Disability-inclusive humanitarian action contributes to improving accessibility for children, older persons and visitors, including those who do not understand local languages, and to meeting needs of everyone while promoting diversity and the pledge of “leaving no one behind.”

This e-Orientation provides an opportunity to learn basics on disability-inclusive humanitarian action for humanitarian workers, municipality staff, site managers, and others engaged in disaster risk reduction and humanitarian action.

This e-Orientation is based on the Inter-Agency Standing Committee Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action published in 2019.

2. Convention of the Rights of Persons with Disabilities

In 2006, 192 states got together at the United Nations in New York, and adopted the Convention on the Rights of Persons with Disabilities (CRPD), resulting in national and global obligations among States Parties to protect and promote the rights of persons with disabilities. This Convention regulates how States must include persons with disabilities in laws, policies and practices, including in emergency settings. More than

180 countries have ratified the Convention as of 2019.

Article 11 of the CRPD specifically requires States Parties, to take all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including armed conflict, humanitarian emergencies and the occurrence of natural disasters.

For example, providing alert or evacuation information only in audio can put persons with hearing impairments in danger. Likewise, evacuation routes that are not accessible for wheelchair users, not distributing food in accessible manners, or excluding children with autism and older persons with cognitive impairments from evacuation sites are all against the Convention.

The principles of CRPD include respect for inherent dignity, individual autonomy including the freedom to make one's own choices and independence of persons, non-discrimination, respect for difference and acceptance of persons with disabilities as part of human diversity and humanity, equality of opportunity, accessibility, equality between men and women, and respect for the evolving capacities of children with

disabilities and respect for the rights of children with disabilities to preserve their identities.

In addition, disability rights are included in five goals of the Sustainable Development Goals (SDGs) and other global and national normative frameworks including the United Nations Sendai Framework for Disaster Risk Reduction. Details of key frameworks and actions are described in the Inter-Agency Standing Committee Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action.

3. Social Model

The Convention on the Rights of Persons with Disabilities (CRPD) states “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others,” and established a big change in the paradigm on disability, moving from charitable or medical perspectives to a rights-based social model.

The “social model” recognizes that social barriers to participation in society, such as

lack of accessibility, create disability, and addressing those barriers is the foundation of promoting and protecting the rights of persons with disabilities.

4. Disability Inclusion

Promoting the participation of persons with disabilities in all their diversity and addressing social barriers are keys for disability-inclusive humanitarian action. This relates to the concept of “social inclusion” which is defined as the process by which efforts are made to ensure equal opportunities – that everyone, regardless of their background, can achieve their full potential in life. Such efforts include policies and actions that promote equal access to public and private services as well as enable citizens’ participation in the decision-making processes that affect their lives.

On the other hand, “discrimination” on the basis of disability means any distinction, exclusion or restriction on the basis of disability that has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.

5. Barriers

Then, what are the barriers in societies which prevent the full participation and inclusion of persons with disabilities?

“Barriers” are factors in a person’s environment that limit participation and create disability. They are elements that limit access to and inclusion in society for persons with disabilities. They can be attitudinal, environmental or institutional.

First, “attitudinal barriers” are negative attitudes that can be rooted in cultural or religious beliefs, hate, imbalance in the exercise of power, discrimination, prejudice, ignorance, stigma and bias, among other reasons. Attitudinal barriers are at the root of discrimination and exclusion.

“Environmental barriers” are inaccessible environments that create disability by causing obstacles to participation and inclusion. This includes physical barriers in the natural or built environment which prevent access and affect opportunities for participation. In addition, inaccessible communication systems prevent access to information, knowledge and opportunities to participate. Lack of services or problems with service

delivery are also environmental barriers.

Lastly, “institutional barriers” include laws, policies, strategies or institutionalized practices that discriminate against persons with disabilities or prevent their participation in society.

Opposite to barriers are “enablers” which are measures that counter the effects of barriers and provide for improved resilience and contribute to increase protection which should be strengthened.

6. Diversity

It is important to note that the population of persons with disabilities is not a homogenous group. The diversity of this population implies diversity of experience due to the way attitudinal, physical and communicational barriers to participation and inclusion in humanitarian action are experienced. These include those based on diversities in physical, mental, intellectual and sensory impairments combined with identity and experience linked to age, gender, ethnicity, location and race. Each person with disabilities faces different barriers, enablers, needs and resources. Therefore, it is

important to pay attention to individual differences in needs and preferences rather than stereotypic misconceptions.

Depending on individual differences, persons with disabilities may experience multiple discrimination on two or more grounds. In such situations, discrimination and its effects can be compounded or aggravated. For example, discrimination due to disability combined with discrimination due to gender stereotypes can inter-sectionally expose individuals to further disadvantage.

7. Human Rights-based Approach

In that sense, a human rights-based approach is critical in all aspects of humanitarian action. A human rights-based approach to disability places persons with disabilities at the centre, reducing barriers and risks. It calls for humanitarian actors to recognize the capacity of persons with disabilities to contribute to the humanitarian response as active participants and contributors rather than passive recipients of services. The first step is to include persons with disabilities in each stage of humanitarian action based on the principle of “nothing about us, without us.”

8. Key concepts

There are several key concepts to get familiar with.

First, “accessibility” is one of the core principles in humanitarian action. It is the right that persons with disabilities have to “access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas.” Accessibility is a precondition to the inclusion of all persons with disabilities.

“Universal design” is an approach to increasing accessibility which means “the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.” The principles of universal design, when applied to accessibility, facilitate access to a larger population, including persons with disabilities.

“Reasonable accommodation” which means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a

particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others, is also indispensable.

Further, “informed consent” is a person's agreement to allow something to happen to them. For example, medical interventions such as surgery or an invasive diagnostic procedure, relocation, case management processes, and others, must be provided only after informed consent based on a full disclosure of risks, benefits, alternatives and consequences of refusal. Persons with disabilities, particularly those with intellectual impairments, and mental or psychosocial impairments, are often denied the right to express consent. Children are also entitled to provide their free and informed consent according to their evolving capacities.

9. What to do: key approaches

What is required to ensure persons with disabilities have access to humanitarian assistance and interventions on an equal basis with the entire population?

The short answer is a twin-track approach which incorporates both inclusive mainstream programmes as well as targeted interventions for persons with disabilities.

The first track requires that mainstream humanitarian programmes and interventions for the general population include persons with disabilities. This entails that planning, design, implementation and evaluation of humanitarian interventions are inclusive of and accessible to persons with disabilities.

Examples include:

- Providing information in multiple formats (e.g., print, audio, easy-to-understand format).
- Locating distribution sites in places that are accessible to the entire population, including persons with disabilities.
- A communal latrine block is accessible to persons with disabilities through physical accessibility and clear signage.

Complementing this, the second track requires that, humanitarian action addresses needs specific to persons with disabilities by providing targeted interventions.

Examples include:

- Supplying assistive devices.
- Providing transport allowance to persons with disabilities to access a service.
- Targeted delivery of food and non-food items to persons with disabilities who are

unable to reach distribution sites.

The twin-track approach is relevant to all stakeholders and applicable across all sectors and critical to ensure the inclusion of persons with disabilities in humanitarian action.

10. Key actions – must do

There are actions that are prerequisites for implementing inclusion of persons with disabilities in all phases of humanitarian action, by all stakeholders within each sector and in every context.

There are five elements.

1. Meaningful participation

The Convention on the Rights of Persons with Disabilities (CRPD) includes the right to participate in decision-making processes. Persons with disabilities are important actors and resource persons in humanitarian response.

Key actions:

- Persons with disabilities should participate in all processes to assess, plan, design, implement, monitor and evaluate humanitarian programmes in all phases and all levels.
- Recruit persons with disabilities as staff at all levels of humanitarian organizations, including as front-line workers and community mobilizers.
- Seek advice and collaborate with Organizations of Persons with Disabilities to devise strategies to engage with persons with disabilities from the affected community.
- Listen to unheard voices who are not represented in the process above.

2. Removing barriers

Without removing barriers, there is neither inclusion nor participation. Removing attitudinal, environmental and institutional barriers is critical to addressing risks.

Key actions:

- Identify all attitudinal, environmental, and institutional barriers that prevent persons with disabilities from accessing humanitarian programmes and services and enablers that facilitate their participation.
- Take appropriate measures to remove these barriers and ensure access to assistance and meaningful participation.

3. Capacity development and empowerment

Capacity development of humanitarian stakeholders, including organizations of persons with disabilities, on the rights, capacities, and inclusion of persons with disabilities and capacity development of persons with disabilities on engaging in humanitarian action are key factors to empower both groups of stakeholders to collaborate and cooperate to ensure humanitarian assistance and protection are inclusive of persons with disabilities.

Capacity development could include sensitization, training and learning sessions; coaching and mentoring staff; creating communities of practice; lessons learned and good practice exchange processes; technical support for applying new skills through advisories, help desks and/or secondment of disability inclusion experts; adaptation of existing tools; and, induction and training.

Key actions:

- As a priority, develop capacities of persons with disabilities and representative Organizations of Persons with Disabilities in the field of humanitarian action, and ensure that they are equipped with knowledge, skills and leadership necessary for them to be able to contribute to and benefit from humanitarian assistance and protection.

- Build the capacity of humanitarian workers to strengthen their understanding of the rights of persons with disabilities, barriers and principles and practical approaches to inclusion to ensure they design and implement humanitarian action accessible to and inclusive of persons with disabilities.

4. Data collection and monitoring of inclusion

To monitor inclusion, data on barriers and requirements of persons with disabilities are essential. Humanitarian data should include disaggregated data on disability to ensure humanitarian action planning, implementation and monitoring are accessible to and inclusive of persons with disabilities. Data and information on risks and barriers faced by persons with disabilities should also be collected and analyzed to strengthen humanitarian stakeholders' understanding of obstacles to inclusion and enable them to develop and implement strategies to remove them effectively and to strengthen existing enablers to inclusion of persons with disabilities.

Key actions:

- Humanitarian stakeholders, in partnership with Organizations of Persons with Disabilities, should collect data on gender, age and disability using a variety of tools

tested in humanitarian contexts. For example, the Washington Group Short Set of Questions and the UNICEF-Washington Group Module on Child Functioning can be useful.

- Use data on disability to monitor equal access, plan for implementation and design of programmes that are inclusive and ensure the participation of persons with disabilities in humanitarian action.

Inclusive budgeting is necessary in order to accomplish these actions. This means costs to address barriers, promote participation, and provide targeted activities for persons with disabilities are incorporated into the budget during planning. This includes factoring in costs for physical accessibility, reasonable accommodations, specialized non-food items, assistive devices, mobility equipment and accessible communications.

In addition, measures to increase awareness and address stigma and misconceptions among community members are critical. Promoting mutual support and mobilizing community members as supporters are important to strengthening community and individual resilience. For example, we initiated the EMPOWER Project which promotes “coming out by supporters” with this Magenta Star logo. This logo indicates our

willingness to support others, and helps to link those who want support and those who want to support. It is a symbol of diversity and inclusion.

After all, we all are different, and the differences make the world go forward with increasing options and possibilities. Providing various services and options based on different capabilities and different needs, and supporting each other in addressing social barriers, are keys for success!