

Summary Report

Webinar Series: Lessons from Inclusive Recoveries in Post-disaster Japan for Ukrainian Recovery



Organizers

The Sasakawa Peace Foundation (SPF)

The National Assembly of Persons with Disabilities of Ukraine (NAPD)

Supported by the Japan Disability Forum (JDF)



June 2024

Executive Summary

The webinar series held between July 2023 and January 2024 aimed to share experiences and lessons learned from disaster recovery in Japan as part of the support for Ukraine with a focus on assisting persons with disabilities. Experts including representatives of support groups for persons with disabilities, researchers, government officials, international organizations, and NGOs gave online lectures, drawing lessons from the recovery processes from the Great Hanshin-Awaji Earthquake and Great East Japan Earthquake. The sessions were intended to act as a forum for the candid exchange of views and to generate learning opportunities for all relevant organizations in Ukraine and Japan.

It is also noteworthy that, since the invasion in Ukraine, the Nippon Foundation, the sister organization of the Sasakawa Peace Foundation (SPF), supported the evacuation and provision of essential medicines and other assistance to the displaced persons with disabilities as well as the support of over 100 Japanese students to help people who have evacuated to neighboring countries by the assistance of the Access Israel and other local aid organizations. The activities included the provision of vehicles for use during evacuation; the provision of temporary accommodation and livelihoods support services for displaced persons with disabilities who have already fled Ukraine. The Nippon Foundation has also launched a multi-lingual website with accessibility considerations to register the needs of disabled individuals awaiting evacuation.

As evidenced by various records, persons with disabilities, consisting of 15% of the global population, are among the most vulnerable individuals during a disaster (UNIC, n.d.). For instance, NHK, a Japanese public broadcasting corporation, revealed in a survey conducted after the Great East Japan Earthquake that casualties among persons with disabilities were twice as many as those without disabilities: 1.43% of the persons with disabilities in the affected area lost their lives compared to 0.78% of the non-disabled¹ individuals in the same location (NHK, n.d.). In the 2011 disaster, a significant portion of casualties due to disaster-related deaths in the aftermath comprised older adults and persons with disabilities². Moreover, some researchers have highlighted that official guidelines for evacuating shelters or safe havens lack proper consideration for vulnerable populations, including persons with disabilities, resulting in significant physical and mental stress³. Persons with disabilities had been trapped in disaster-stricken areas without access to transportation for procuring daily necessities until the Japan Disability Forum (JDF) highlighted this fact one year after the earthquake through its survey⁴. These facts suggest that persons with disabilities are prone to marginalization and neglect during

¹ Based on Rahman (2019), the report introduces “the non-disabled” for persons without disabilities.

² See the script shared by Mr. Aota.

³ See the script shared by Mr. Aota and Prof. Kanbara.

⁴ See the script shared by Mr. Fujii.

the recovery processes, revealing deficiencies in the existing support networks need to be addressed.

This implication also suggests that special consideration is necessary for persons with disabilities in Ukraine. Currently, 2.7 million residents with disabilities, including children, are at risk of being trapped or abandoned in their locations without proper medications and basic services. They also have limited access to emergency information, shelters, and safe havens (European Disability Forum, 2023). UNHCR reports that there are still 6.3 million refugees from Ukraine (2023); as of June 2022, at least 13% of the refugee families were living with persons with disabilities (ibid). Despite the increasing number of returnees to the country, the International Organization for Migration (IOM) estimates that approximately 29% of Internally Displaced Persons (IDPs) out of a total of 3.7 million have one or more household members with a disability (2023). Furthermore, policymakers must be mindful that the number of persons with disabilities is likely to increase as the war continues⁵. In this context, to foster a more inclusive society in the post-war recovery process, policymakers must pay special attention to persons with disabilities.

As history shows, Ukraine and the global society should initiate planning for the post-war period prior to the conclusion of the conflict. The World Bank estimated that the country would incur damages amounting to US\$135 billion and require US\$441 billion for its recovery (2023). This estimation aligns with the concept of “Building Back Better” (UNISDR, 2017), which aims to establish a more resilient, improved, and inclusive society. However, when viewed through the lens of persons with disabilities, the restoration of social services is insufficient. It provides an opportunity to rebuild a truly inclusive society⁶. From this perspective, this Report attempts to summarize these ideas and practices, which were presented through a webinar series and related papers to contribute to informing inclusive recovery processes in the Ukrainian society.

Key Policy Messages based on the webinar series and other related papers are as follows.

⁵ See the script shared by Mr. Fujii.

⁶ Based on the presentation shared by Mr. Kobayakawa during the seminar.

Figure 1 Key 9 Policy Messages



1. Involve persons with disabilities at every stage of recovery. Policymakers without disabilities may find it challenging to accurately understand the specific needs of persons with disabilities, especially during crises, when no established policy or mechanism exists to amplify their voices. The prolonged duration of the war is likely to increase the number of individuals with physical and mental issues in Ukrainian society, in addition to the existing 2.7 million persons with disabilities. To address this, the Ukrainian government and the global society must ensure the active participation of persons with disabilities in the recovery process on the principle “Nothing about Us without Us,⁷” involving them at the negotiation table to contribute to genuine informed decision-making.

2. Be aware of pre-existing inequalities and provide them with appropriate support. Longitudinal research presented during the Webinar has indicated that disasters exacerbate pre-existing inequalities related to gender, health, physical and mental conditions, ethnicity,

⁷ Persons with disabilities used the slogan in discussions to arrange Convention on the Rights of Persons with Disabilities. The slogan was proposed by David Werner in a book *Nothing about Us without Us*. Anonymous. (n.d.). “David Werner's Collection.”

or household size. Individuals facing more disadvantages, including persons with disabilities, often require an extended period to experience a sense of recovery. Policymakers have to bear in mind this already existing inequalities and structures, and proactively identify those likely to be the most vulnerable even before a disaster occurs. This proactive approach ensures the provision of appropriate support at the right time, thereby, addressing the specific needs of disadvantaged groups during recovery. The persons with disabilities also have an active role to play in informing and educating policymakers and service providers with their specific needs.

- 3. Reach out to the most vulnerable before disaster.** Lessons from the Great Hanshin-Awaji Earthquake in Kobe, Japan, in 1995 emphasize that the provision of the system is *insufficient*. Vulnerable populations struggle to access the existing system, which does not necessarily encompass the needs of persons with disabilities, especially during crises. Recognizing the challenges faced by persons with disabilities in making their voices heard during crises, there should be efforts to establish frameworks, forums and networks to amplify the voices of persons with disabilities during and after disasters, ideally prior to the potential events.
- 4. Include local communities and encourage community care.** Local communities have abilities to serve as vital links between policymakers and citizens. Past disaster recovery experiences in Japan highlight the fact that local communities, including third-sector organizations such as NGOs, play a crucial function in fostering a sense of recovery among victims through subdivided and localized care, thereby, mitigating the risk of suicide. Additionally, they provide policymakers with accurate and up-to-date local information. Community inclusion has great potential for achieving swift and practical recovery throughout society, thereby, enhancing the effectiveness of recovery efforts.
- 5. Strategies should be context-based.** Recovery strategies must be context-based. In Ukraine, successful practices from various countries should be translated to specific local contexts. Policymakers and service providers need to understand the local background and normality, encompassing not only essentials such as food, water, and health but also accessibility to these necessities. Policymakers should engage in individual consultations with persons with disabilities to avoid easy labeling, which could lead to marginalization. Cooperation with NGOs is a key in ensuring effective recovery efforts that align with local scenarios.
- 6. Focus on non-economic factors.** While many countries prioritize economic factors in recovery master plans, noneconomic factors, including mental health, social capital, and community ties, also play essential roles for victims to experience a sense of life recovery.

These factors facilitate the reassessment of catastrophic experiences and foster positive meanings and a sense of purpose. A holistic approach should be taken that encompasses both economic and non-economic factors, acknowledging their collective impact on individual well-being.

7. **Be data-driven.** Comprehensive data collection, including both physical and psychological aspects, aids policymakers in obtaining a holistic view and promoting the effective allocation and prioritization of limited resources. Data collection and analysis is the foundation in virtualizing acute and cumulative threats, enabling policymakers to implement appropriate strategies for obtaining domestic and global support. In addition to addressing short to medium term needs, the experiences in Japan show that the recovery process can span decades and, thereby, requires a few decades, at least 10 years of monitoring and interim evaluation in the initial plan, as well as modifications and necessary adjustments.
8. **Recognize the subjectiveness of persons with disabilities.** Persons with disabilities are not merely recipients of social support but active participants with their own perspectives and preferences. Unfortunately, the rights of the persons with disabilities had been inadequately protected, especially during the crises in both Japan and Ukraine. To fully include persons with disabilities in the recovery process, stakeholders must ensure their subjectivity in alignment with the Convention on the Rights of Persons with Disabilities (see Appendix [21]).
9. **Disclose information related to persons with disabilities promptly in times of crisis.** Persons with disabilities and their families are likely to be trapped or abandoned in their locations without proper medications or basic services, as is unfortunately being observed in Ukraine. To avoid these situations, administrations are required to balance the protection of privacy and disclose information about persons with disabilities including statistical data, especially in times of crisis in a timely manner, to relevant partner NGOs, which will offer the care for persons with disabilities.

Acknowledgement

The organizers would like to express our sincere appreciation to all the speakers and participants in the Webinars. The Webinar series were joined by hundreds of people, mainly from Ukraine as well as from Japan, including persons with disabilities, staff members of support organizations, municipalities, government bodies, development partners, international organization and so on. We also would like to thank the Ministry of Social Policy of Ukraine and the Embassy of Ukraine in Tokyo for their support and encouragement.

The Sasakawa Peace Foundation (SPF), established in 1986, has worked since its inception to advance international exchange and cooperation. SPF strives to addressing the diverse and complex issues of the 21st century. We leverage the unique freedom, and our status as a private foundation grants us to explore innovative solutions and approaches for addressing a wide range of issues facing the world today in partnership with a diverse community of both domestic and international collaborators. The priority areas under SPF's mission statement are: to work toward establishing new ocean governance; to encourage the realization of world peace and security; and to promote solutions for the diverse problems of the planet.

The National Assembly of Persons with Disabilities of Ukraine (NAPD) was founded in September 2001. For the time being 120 public organizations are the members of NAPD which represent interests of people with disabilities from all regions of Ukraine. NAPD includes DPOs that represent people with different disabilities and health conditions, DPOs of women with disabilities, DPOs run by parents of children with disabilities, and others.

Japan Disability Forum (JDF), established in 2004, has been engaged in various activities toward the ratification and implementation of the International Convention on the Rights of Persons With Disabilities in Japan. JDF has been also active in Asia-Pacific region, as a member of Asian and Pacific Disability Forum (APDF). After the occurrence of the Great East Japan Earthquake in 2011, JDF established the Headquarters for Comprehensive Support of Persons with Disabilities, and has been engaged in activities such as making proposals to the government, providing direct support to persons with disabilities, raising awareness, etc.

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Background

In February 2022, a news headline captured global attention: the Russian military invaded Ukraine. As of today, the reported casualties in Ukraine stand at approximately 300,000 (REUTERS, 2023), and unfortunately, this number is likely to increase. The aggression has forced approximately 7 million Ukrainian residents out of the country, with an additional 8 million displaced internally. More than 30% of the young generation is reported to have fled the country. The conflict has seen fierce battles primarily in the eastern and southern regions of Ukraine, with key cities like Mariupol, Kherson, and Severodonetsk becoming focal points. The situation has been fluid, with both Russian and Ukrainian forces making territorial gains and losses. Major cities like Kyiv, Kharkiv, and Odessa have experienced shelling and missile attacks, leading to significant civilian casualties and infrastructure damage.

Millions of Ukrainians have been displaced, both internally and as refugees in neighboring countries like Poland, Romania, and Hungary. The UNHCR reports millions have fled, creating a refugee crisis in Europe. International organizations and countries have mobilized significant humanitarian aid, but challenges remain in delivering aid to conflict zones due to ongoing fighting and logistical issues. According to an estimate by the World Bank, Ukraine's current economic damages amounted to US\$135 billion as of 2023, and its restoration requires US\$411 billion (2023), considering the concept of "Building Back Better." The international community has mobilized a comprehensive array of humanitarian and recovery support for Ukraine, encompassing immediate relief, economic stabilization, infrastructure rebuilding, and long-term development assistance.

Along with global Summit meetings, series of international conferences have been organized to mobilize support for Ukraine including: Stand Up for Ukraine (April 2022) in Warsaw, Poland, High-Level International Donors' Conference for Ukraine (May 2022) in Warsaw, Poland, 3. Ukraine Recovery Conference (July 2022) in Lugano, Switzerland, Berlin Conference on the Reconstruction of Ukraine (October 2022), Paris Conference for Ukraine (December 2022) in Paris, International Summit on Food Security (March 2023), Brussels, London Ukraine Recovery Conference (June 2023) and Japan-Ukraine Conference for Promotion of Economic Growth and Reconstruction in Tokyo (February 2024).

At the one-year mark of the invasion, the Leaders of the Group of Seven (G7) met Ukraine's President Volodymyr Zelenskyy in Hiroshima, Japan in May 2023 to reaffirm their unwavering support for Ukraine in perpetuity. Despite the ongoing misery, Ukraine and the global society should begin preparing for the postwar period prior to the end of the conflict. A recovery grand design that is well-informed, flexible, and inclusive for all people is essential and requires adequate time to be prepared. The war has left a trail of devastation, affecting infrastructure, social

systems, public services, and social networks. It has inflicted visible and invisible harm on people, both within and outside the country. Although the recovery process will span over a few decades, the master plan must comprehensively cover all elements and individuals involved in the entire process.

At the G7 conference, leaders underscored the adverse impacts of this war on one of the most vulnerable populations—persons with disabilities. Approximately 15% of the global population (approximately 1 billion people) live with various forms of disability to some extent (UNIC, n.d.). The Convention on the Rights of Persons with Disabilities, adopted by the UN in 2006, asserts that “States Parties undertake to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability” (UN e-nable, 2006, p. 5). Despite the Ukrainian government ratifying the principle, persons with disabilities unfortunately remain one of the most vulnerable populations amidst the current crisis.

In the face of the Russian invasion, 2.7 million Ukrainians with disabilities are at significant risk. Many persons with disabilities, including children, find themselves trapped or abandoned in their locations without life-sustaining medications and basic services and with limited access to emergency information, shelters, and safe havens (European Disability Forum, 2023). A report by IOM indicates that approximately 29% of Internally Displaced Persons (IDPs) out of a total of 3.7 million have one or more household members with a disability (2023).

H. E. Sergiy Korsunsky, Ambassador of Ukraine to Japan, also highlighted the challenge of an increasing population of persons with disabilities due to military aggression. These facts strongly suggest that persons with disabilities are at risk of being marginalized and left behind in the crisis. The Ukrainian government must undertake a truly inclusive recovery process that encompasses the increasing number of individuals with physical and mental health issues caused by the war, in addition to the existing 2.7 million persons with disabilities in the country.

Based on past experiences in Japan, persons with disabilities require special support, as they have often been marginalized during disaster events. According to the NHK, a Japanese broadcasting corporation, during the Great East Japan Earthquake, there were twice as many casualties among those with disabilities compared to those without: 1.43% of persons with disabilities in the disaster-stricken areas lost their lives, while 0.78% of the general population in the same location were killed (n.d.). Additionally, the majority of the casualties in the aftermath were older adults and persons with disabilities⁸. Some researchers have highlighted that official rules for evacuating shelters lack proper consideration for vulnerable people, including persons with disabilities, resulting in significant physical and mental stress for them. Persons with disabilities were trapped in the location without transportation means to purchase daily necessities

⁸ See the script shared by Mr. Aota.

until the Japan Disability Forum (JDF) discovered this fact one year after the earthquake through a survey⁹. These facts suggest that persons with disabilities are prone to marginalization and neglect during the recovery process, clarifying that deficiencies in the existing support networks need to be addressed.

While war and natural disasters differ, they share commonalities: a destroyed society and a need for recovery. In this context, the experiences from the disaster recovery process in Japan, centered around the slogan “Build Back Better,” could offer useful lessons for Ukraine’s post-war recovery. This slogan was first introduced in the Sendai Framework for Disaster Risk Reduction in 2015. It emphasized using “the recovery, rehabilitation, and reconstruction phases after a disaster to increase the resilience of nations and communities through integrating disaster risk reduction measures into the restoration of physical infrastructure and societal systems, and into the revitalization of livelihoods, economies, and the environment” (UNISDR, 2017, p. 7). This approach is based on past lessons learned from disaster experiences and recoveries in Japan, a country often referred to as “an archipelago of disasters.” Throughout history, Japan has faced a series of natural disasters, particularly earthquakes, and has progressively recovered each time, building a more inclusive society.

Disaster recovery plans in many countries, including both developed and developing ones, often primarily focus on tangible factors such as infrastructure, social services, and economic growth. However, numerous studies have revealed that vulnerable populations are affected more severely and for longer durations during a disaster crisis. Non-economic factors such as social capital play a crucial role in helping people restore their normal lives (Tatsuki and Kawami, 2023; Enano, 2019). These lessons suggest that, for an effective “Build Back Better” strategy, reconstruction efforts should be guided by the grand design with flexibility in undertaking full-scale urban reconstruction from the ground up. In this context, the joint on-line seminars were held by SPF and NAPD with the support of JDF to discuss inclusive recovery in Ukraine, with a particular focus on one of the most vulnerable groups, persons with disabilities. This policy brief draws insights from Japan’s disaster recovery efforts and incorporates proposals from researchers and NGOs. As a basis to pursue sustainable and inclusive recovery, first and foremost, the on-going military attacks must come to an end, avoiding further human sufferings coupled with lasting ceasefire and peace.

⁹ See the script shared by Mr. Fujii.

First Seminar, July 27, 2023

**Lessons from Inclusive Recoveries in Post-disaster Japan:
Great Earthquakes and Persons with Disabilities
12 years after the Great East Japan Earthquake
— Message to Our Brothers and Sisters in Ukraine toward
Recovery, Reconstruction, and Regeneration**

Katsunori Fujii,

Vice Chairperson of the Japan Disability Forum (JDF)

1. Introduction

Ominous shadows were lurking when the nightmare suddenly became a reality on February 24, 2022. The Russian Army had invaded Ukraine. News of the invasion was heavily reported in the Japanese media every day. I was particularly concerned over a report from overseas news agencies that came in early March, approximately one week after the invasion started. Several news agencies including Reuters reported: “People with disabilities are left behind in the war zones,” and “Many patients are left in mental hospitals.”

Although this situation was anticipated, the news was indescribably depressing, especially for people who had been active in disability rights. “Isn't there something we can do?” The next thing that came to mind was sending letters to encourage the persons with disabilities in Ukraine. After deliberation, we decided to send a poem instead of a letter, as poems are less likely to be misinterpreted than prose texts. As soon as I composed a poem titled “*Rentai to inori* (Solidarity and Prayer)” on March 6, I asked my friends who work as translators to translate the poem into Ukrainian, Russian (many Ukrainians speak Russian as well), and English and sent it to Ukraine. The poem ‘Solidarity and Prayer’ is attached at the end of this document (Shared Material [1]). It was also published in Asahi Shimbun Digital on April 5, 2022.

We received a response from the National Assembly of Persons with Disabilities of Ukraine (NAPD) in late March: “We received your poem. We could not refrain from shedding tears when we read it.” Since then, we have been in contact with the NAPD. They occasionally send photos and other information about the damage in Ukraine (through *Kyosaren* which I am a member of; <https://www.kyosaren.or.jp/>).

As part of the first program held in collaboration between the SPF and the NAPD, I would like to discuss the theme of the Great East Japan Earthquake and persons with disabilities. First, I will examine the relationship between large-scale disasters, such as the Great East Japan Earthquake, and persons with disabilities in Japan, outline how disability-

related organizations responded after the Great East Japan Earthquake, and finally present brief proposals related to large-scale disasters and persons with disabilities.

2. Mortality rate of persons with disabilities was twice as high as that of the general population

Japan is highly prone to natural disasters and is often referred to as “an archipelago of disasters.” Topographical studies and ancient documents indicate that massive earthquakes have repeatedly occurred in Japan. In addition, weather disasters such as typhoons and floods are intensifying—a phenomenon associated with climate change. On top of that, extremely high temperatures (over 35° Celsius) are persisting over long periods, while extraordinarily heavy snowfall and occasional volcanic eruptions are also negatively impacting people’s lives.

Countless disasters and events of this kind have occurred even in the short period since the Great East Japan Earthquake on March 11, 2011. These disasters appear to have increased in magnitude and frequency. For example, the Kumamoto Earthquake that struck in April 2016 recorded a magnitude of 7.3 and took the lives of 273 people (including associated deaths in the aftermath of the earthquake). The Japan Disability Forum (JDF; see Shared Material [2]) called for supporters from all over Japan and provided assistance to persons with disabilities for over 12 months (working to confirm their safety in the initial response and then moving on to support the everyday lives of affected persons with disabilities and the operation of related facilities). Floods happen repeatedly from early summer to the typhoon season owing to the frequent occurrence of linear precipitation zones, which have become a social problem in recent years. These events heavily affect the most vulnerable people, including persons with disabilities and older adults.

Let us now examine the losses suffered by persons with disabilities during the Great East Japan Earthquake. While Japan has experienced numerous large-scale disasters throughout its history, there have been no data comparing the mortality rates of the persons with disabilities and general populations. This comparison was made for the first time with respect to the casualties of the Great East Japan Earthquake. The Japan Broadcasting Corporation (NHK) conducted the research and published the comparison data, followed by Kahoku Shimpo, a major regional newspaper publisher. Unfortunately, although the Japanese government had commented in a Diet discussion that it would like to make efforts to conduct such research, no such study took place.

According to data published by the NHK in September 2012 (see Shared Material [3]), the mortality rate of persons with disabilities was twice as high as that of the general public. This research covered the area across 31 coastal municipalities on the Pacific side of the Tohoku region hit by the tsunami. Specifically, the mortality rate of all the residents in the study area was 0.78%, whereas that of persons with disabilities was 1.43%. The term “persons with disabilities” used here refers to disability certificate holders for those who are physically or intellectually disabled, and for people with mental illness, it includes those who receive financial

aid for their psychiatric treatment in addition to certificate holders. The mortality rate of persons with disabilities was obtained as the death ratio of disability certificate holders. This was the same for the data used by Kaoka Shimpo.

3. JDF's response to the Great East Japan Earthquake

I would like to begin this section by recalling what happened on the day of the Great East Japan Earthquake. Let me share my personal experiences. At approximately 2:46 p.m. when the earthquake occurred, I was inside a fairly new high-rise building called the New Kasumigaseki Building, owned by the Japan National Council of Social Welfare. Following a sequence of extensive destructive shaking that persisted for a while, the walls began to groan. I thought, "This may be the day I die." When the shaking subsided, someone turned on the TV. We saw real-time images of a huge tsunami sweeping across coastal towns. People around me were whispering "Is this for real?", "I can't believe what I'm seeing", and so on. Although I usually get home in an hour on the train, it took me eight hours to reach home on that day. It was 2 a.m. when I finally got home. My room was a mess with things scattered all over the floor. My microwave oven was lying on the floor, and dishes had fallen out of the cupboard. The JDF quickly established the *JDF Headquarters for Comprehensive Support of Persons with Disabilities affected by the Great East Japan Earthquake* (hereafter, Support HQ). Using the Support HQ as a base, we began providing support to the three most affected prefectures: Iwate, Miyagi, and Fukushima. First, we sent a support team from the Support HQ to the affected areas. On March 20 and 21, the 10th day after the earthquake, a team of several JDF members visited Sendai (the capital city of Miyagi Prefecture). The leaders of the disability sector of Sendai City and Miyagi Prefecture were called to a meeting, but needless to say, the number of people who could come was limited due to the lack of functioning public transportation. This meeting led to the formation of the Miyagi Support Center on March 31, 2011. This was the beginning of support activities that eventually spread across Japan. Following Miyagi, Fukushima and Iwate Support Centers were launched on April 6 and September 22 of the same year, respectively. The JDF called out to various disability-related organizations across Japan to recruit supporters and collect donations, primarily from JDF member organizations, over a long period.

Supporters gathered across the nation were assigned to specific support activities under the direction of the prefectural support centers. Generally, one supporter would work for a week at a time. The number of supporters working per day reached several dozen during peak periods. The contents of support activities changed over time: from the turmoil in the aftermath of the earthquake to the recovery phase after the initial confusion had passed and the reconstruction phase, which took perseverance. Confirming everyone's safety was the primary activity required during the initial phase. We relied mostly on name lists provided by the respective municipalities

and disability organizations to confirm the safety of persons with disabilities in the area. Subsequently, providing support at evacuation shelters has become the main focus.

Examples of notable activities include a complete survey of households with persons with disabilities, in which we visited over 1,000 households in the municipalities of Minamisoma City in Fukushima Prefecture and Rikuzentakata City in Iwate Prefecture. The results of this survey provide important inputs for disability policy development during reconstruction. We also provided transportation services (shopping, visiting hospitals, etc.) to support the everyday lives of persons with disabilities in Rikuzentakata City until March 2014. In Minamisoma City, we send support teams (several times a year) to support the operation of facilities for persons with disabilities.

Other activities include (1) submission of more than a dozen requests to the government, (2) production of a documentary film *Messages of Life* (30 minutes long), (3) publication of a Report on the Great East Japan Earthquake and Support for People with Disabilities, and (4) participation in deliberations on national disaster risk reduction policies.

4. Disability-related proposals reflecting our experience in the Great East Japan Earthquake

Finally, I would like to share some proposals that reflect our experiences in the Great East Japan Earthquake. Prior to going into the details, let me touch on the current status of the affected regions. Twelve years since the Great Earthquake, it appears that the local communities have been steadily recovering, at least in terms of the reconstruction of social infrastructure and other superficial aspects. In the coastal areas hit hard by the tsunami, people seem to be recovering from their ordinary community lives. In a community that has once been destroyed, the pain and shock of losing many of its members do not heal easily. Particularly in Fukushima Prefecture, where the nuclear accident occurred, the disaster remains an ongoing crisis, and the prospects for the recovery of local communities are still uncertain. I believe that this sense of unhealed pain will persist for several decades. In addition, the earthquake-affected areas share the common problems of rapid aging and population decline, factors inhibiting the regeneration of local communities.

In this situation, a new problem is emerging in our society—oblivion. Memories of the disaster are steadily fading away. When a major disaster occurs, the best way to provide support is to never forget about it. We and society as a whole must not forget the disaster. This not only means to keep on supporting and encouraging the affected communities but also that remembering is the best way to prepare for the next disaster.

As for the proposals I wish to share, I cannot discuss the details of our proposals because of space constraints; therefore, let me go over the basic perspectives and briefly outline the key points regarding specific policy measures and support activities by NGOs.

First, the principles of the Convention on the Rights of Persons with Disabilities should be

embedded in the fundamentals of disaster risk reduction and reconstruction policies. While the entire Convention should be kept in mind, particular emphasis should be placed on (1) the General principles (Article 3), (2) General obligations (Article 4), (3) Equality and non-discrimination (Article 5), (4) Right to life (Article 10), and (5) Situations of risk and humanitarian emergencies (Article 11) (See “Convention on the Rights of Persons with Disabilities,” Appendix [21]). I would also like to emphasize the need to materialize the principle of “nothing about us without us”; that is, nothing that concerns us (i.e., persons with disabilities) should be decided without the involvement of persons with disabilities. Regardless of how urgent or complex the issue, persons with disabilities and related organizations must not be left out of the decision-making process. To ensure this, it is important to guarantee reasonable consideration of an individual’s disability condition. As the key points for specific policy measures, we propose that at least the following should be ensured: (1) include persons with disabilities in national, municipal, and other public programs and activities for disaster risk reduction, (2) prepare and utilize a list of persons in need of assistance for evacuation and individual evacuation plans, and (3) standardize the barrier-free and inclusive design of evacuation shelters and temporary housing.

In relation to support activities by NGOs, the key points to be implemented are as follows: (1) forming solid organizations at both the national and local levels to continue providing support (collaboration with disability-related organizations is essential), (2) maintaining a flexible and enduring stance to accommodate changing needs from the outbreak to the evacuation, recovery, and reconstruction phases (depending on the magnitude of the disaster, support may be required for many years), and (3) securing stable funding sources for support systems run by NGOs.

5. Conclusion

While differences may exist between the damage caused by natural disasters and wars, there are many aspects in common in the path to reconstructing and revitalizing society. I would like to reiterate the importance of positioning persons with disabilities at the center of reconstruction policies. It would be of our greatest pleasure if Japan’s experience of devastation and our path to regeneration were of any help to the future of Ukraine. We look forward to continuing exchanges in the private sector.

Materials shared by the Speaker

[1] Poem written by Mr. Fujii. (Japanese/English)

連帯と祈り

ウクライナの障害のある^{ほらから}同胞へ

戦争は、障害者を邪魔ものにする
戦争は、障害者を置き去りにする
戦争は、優生思想をかきたてる
大量の障害者をつくり出す最大の悪、それが戦争

朝一番のニュースを恐る恐る
キエフの包囲網がまた狭まった
教会も文化財も悲鳴を上げて崩れ落ちる
禁じ手が^{はご}反古にされ原子力発電所から火の手

殺し合いでなく話し合いを
侵攻でなく停戦を
停戦でなく平和を
青い空と黄色の豊作に似合うのは平和

私たちは祈ります
西北西の方角をじっとみつめながら
心の中から希望が切り離されないように
とにかく生き延びてほしい

戦争は、障害をたちどころに重くする
戦争は、障害者の尊厳を軽々と奪い去る
戦争は、障害者の明日を真っ黒に塗りたくる
早いうちに、否、この瞬間に終わらせなければ

もう一度くり返す
とにかく生き延びてほしい
たとえ、食べ物を盗んでも
たとえ、敵兵に救いを乞うてでも
遠い遠い、でも魂はすぐ^{そば}傍の日本より

ふじいかつのもり（NPO 法人日本障害者協議会）

Solidarity and pray
To fellows with disabilities in Ukraine.

War excludes us, people with disabilities, from the way.
War leaves us, people with disabilities, behind.
War fuels the eugenic ideology.
The greatest evil which creates a huge number of disabilities – that is WAR.

Watching the first news every morning with dread and fear,
We find the siege of Kiev has narrowed again,
Churches and cultural monuments crashing down screaming.
The forbidden has been revoked, and fire breaks out from nuclear plants.

Instead of killing each other, we must talk to each other.
Ceasefire we want, not invasion any more
Peace we want, not just ceasefire.
Peace harmonizes the best with blue skies and goldish-yellow harvests.

We pray for you,
Staring in the direction of the west-north-west,
May your hopes never be lost in your hearts.
We hope you will survive anyway.

War makes disability heavier in a short time.
War, without the slightest hint of guilt, robs persons with disabilities of their dignity.
War blackens the tomorrow of people with disabilities.
It must end soon, no, at this very moment.

Repeat once more.
We want you to survive anyway,
Even if you have to steal food,
Even if you have to beg for help from enemy soldiers.

No matter how far, far away we are, our spirits are close by, from Japan.

Katsunori Fujii (NPO Japan Council on Disability / kyosaren)

[2] List of Organizations of Japan Disability Forum

Japan Federation of Persons with Physical Disabilities [Syakaigukushihoujin Nihon Shintaisyougaisya Rengokai]

Japan Federation of the Visually Impaired [Syakaifukushihoujin Nihon Syougaisya Dantairengou]

Japanese Federation of the Deaf [Ippansyadanhoujin Zennihon Roua Remmei]

Japan Council of Disability [Tokuteihieirikatudouhoujin Nihon Syougaisya Kyougikai]

Japan National Assembly of Disabled People's International [Nintei NPO Houjin DPI Nihon Kaigi]

Japan United Federations for Persons with Dyslexia [Ippansyadanhoujin Zenkoku Tewotsunagu Ikuseikai Rengokai]

Spinal Injuries Japan [Kouekisyadanhoujin Zenkoku Sekizuisonsyousya Rengokai]

The National Federation of Association of Families with The Mental Illness in Japan [Kouekisyadanhoujin Zenkoku Seishinhokenfukushi Rengokai]

All Japan Association of Hard of Hearing and Late-Deafened People [Ippansyadanhoujin Zennihon Nantyouysya/Chutoshittyousya Dantai Rengokai]

Japan Deafblind Association [Syakaifukushihoujin Zenkoku Mourousya Kyoukai]

Japan National Council of Social Welfare [Syakaifukushihoujin Zenkoku Syakaifukushi Kyougikai]

Japanese Society for Rehabilitation of Persons with Disabilities [Kouekisyadanhoujin Nihon Syougaisya Rehabilitation Kyoukai]

National Forum for Persons with Mental Illness [Zenkoku 'Seishinbyou' Sya Syudan]

[3] Casualties of persons with disabilities by Great East Japan Earthquake

Casualties of PwD by Great East Japan Earthquake
(Iwate Prefecture, Miyagi Prefecture, and Fukushima Prefecture)

Prefecture	Municipalities	Total				Prefectural Total				Persons with Disabilities					
		Population*1	Deaths*2	Missing	Death Rate	Population Total	Deaths	Missing	Death Rate	Population	Deaths*2	Missing	Death Rate	Prefectural Total	
1 Iwate	City of Miyako	59,442	517	0	0.87%	205,437	0	0	1.07%	3,371	36	0	1.07%	12,178	
	City of Ofunato	40,738	417	4	1.02%	5,722	4	0	2.07%	2,268	47	0	2.07%	429	
	City of Rikuzentakata	23,302	1,760	18	7.55%	2.79%	18	0	8.99%	1,368	123	0	8.99%	3,52%	
	City of Kamaishi	39,578	958	3	2.42%		3	?	2.49%	2,569	64	?	2.49%		
	Otsuchi Town	15,277	1,229	0	8.04%		0	?	9.39%	1,012	95	?	9.39%		
	Yamada Town	18,625	775	5	4.16%		5	0	5.30%	1,114	59	0	5.30%		
	Tanohata Village	3,843	39	0	1.01%		0	0	1.48%	203	3	0	1.48%		
	Noda Village	4,632	27	0	0.58%		0	0	0.73%	273	2	0	0.73%		
9 Miyagi	City of Sendai	1,045,903	734	30	0.07%	1,674,363	30	0	0.12%	42,788	53	1	0.12%	72,451	
	City of Ishinomaki	160,704	3,569	20	2.22%	10,437	20	?	5.03%	7,893	397	?	5.03%	1,099	
	City of Shiogama	56,490	46	0	0.08%	0.62%	0	0	0.00%	2,997	0	0	0.00%	1,52%	
	City of Kesennuma	73,494	1,234	0	1.68%		0	?	3.85%	3,508	135	?	3.85%		
	City of Natori	73,140	911	43	1.25%		43	0	2.03%	3,749	76	0	2.03%		
	City of Tagajo	62,979	125	0	0.20%		0	?	0.73%	2,318	17	?	0.73%		
	City of Iwanuma	44,198	150	0	0.34%		0	0	0.79%	1,770	14	0	0.79%		
	City of Higashimatsushima	42,908	1,024	38	2.39%		38	2	5.94%	1,920	114	2	5.94%		
	Watarai Town	34,846	306	0	0.88%		0	0	1.66%	1,384	23	0	1.66%		
	Yamamoto Town	16,711	616	1	3.69%		1	0	5.79%	933	54	0	5.79%		
	Matsushima Town	15,089	16	0	0.11%		0	0	0.28%	709	2	0	0.28%		
	Shichigahama Town	20,419	93	4	0.46%		4	1	0.91%	882	8	1	0.91%		
	Onagawa Town	10,051	820	7	8.16%		7	3	13.39%	605	81	3	13.39%		
	Minamisanriku Town	17,431	793	17	4.55%		17	0	12.56%	995	125	0	12.56%		
	23 Fukushima	City of Iwaki	342,198	430	0	0.13%	522,155	0	0	0.17%	21,004	35	0	0.17%	31,230
		City of Soma	37,796	469	0	1.24%	2,670	0	0	1.21%	1,903	23	0	1.21%	130
		City of Minamisoma	70,895	951	0	1.34%	0.51%	0	0	0.36%	4,398	16	0	0.36%	0.42%
		Naraha Town	7,701	69	0	0.90%		0	0	2.15%	512	11	0	2.15%	
		Tomiooka Town	15,996	134	1	0.84%		1	0	2.44%	861	3	0	2.44%	
Okuma Town		11,511	49	1	0.43%		1	0	0.00%	565	0	0	0.00%		
Futaba Town		6,932	94	1	1.36%		1	0	0.53%	377	2	0	0.53%		
Namie Town		20,908	358	0	1.71%		0	0	1.99%	1,155	23	0	1.99%		
Shinchi Town		8,218	116	0	1.41%		0	0	3.74%	455	17	0	3.74%		
Total		2,401,955	18,829	193	0.78%		193	7	1.43%	115,859	1,658	7	1.43%		

*1 : Referred to National Census 2010. *2 : Inquired to Each Municipality. Deaths include legal deaths.

Second Seminar, September 5, 2023

Lessons from Inclusive Recoveries in Post-disaster Japan: Open Governance of Community Care, Health for War Reconstruction

Sakiko Kanbara,

Professor at Kobe City College of Nursing

1. Introduction: Disaster Nursing

In this presentation, we aim to share our experiences in the field of disaster nursing, especially with reference to primary healthcare, under uncertainty. Disaster nursing goes beyond mental and physical care and plays a crucial role in the welfare of the community and the creation of a new society. Disaster nursing involves caring for people not only within the hospital but also within the community, especially during disasters. We have been deployed in different areas affected by climate disasters, crises, and social challenges.

2. Historical Perspective

The history of disaster nursing can be traced back to Florence Nightingale, a nurse who worked during the Crimean War in 1854. At that time, nurses provided care that focused on water, sanitation, and overall patient health owing to the lack of effective medical treatments. One challenge faced by disaster nurses was the lack of data and information to support their efforts. Despite their dedication, historical disaster nursing lacked evidence-based practice. This situation continued until 1995, when major disasters, such as the Great Hanshin-Awaji Earthquake and the Tokyo Sarin Incident, prompted the need for research and practice in disaster nursing.

3. Formation of Disaster Nursing Societies

Following the Great Hanshin-Awaji Earthquake in 1995, the demand for nursing research and practice increased, extending beyond acute care hospitals to evacuation centers and temporary housing. This led to the establishment of the Society of Disaster Nursing in Japan in 1998 and the World Society of Disaster Nursing in 2010. Concurrently, the "Research on Building Disaster Nursing in the Ubiquitous Era" project, funded by the Ministry of Education, Culture, Sports, Science and Technology, was conducted at the University of Hyogo to develop disaster nursing core competencies. The university was also designated as the WHO Collaborating Center for Disaster Nursing Research. Disaster nursing has now been incorporated into both graduate and undergraduate curricula. In 2012, Japan launched its first doctoral program for future global leaders in this field.

4. Adaptation to Changing Landscapes and Integration with Global Agendas

Every disaster presents unique challenges. For instance, the Great East Japan Earthquake and subsequent tsunami were vastly different from previous disasters owing to the socioeconomic context and complexities of nuclear-related crisis management.

With international agreements such as the Sustainable Development Goals, Sendai Framework for Disaster Risk Reduction, and Paris Agreement on climate change, disaster nursing must adapt to the evolving global situation. Japan's disaster nursing history is characterized by continuous adaptation to new challenges and global development. We remain committed to ensuring the well-being of communities during times of disaster and continue to evolve to meet these changing circumstances.

5. Community Care and Outreach

Disaster nursing in Japan has established a dispatch system supported by the National Nurses Association to enable nurses to respond effectively to both natural and international disasters. This system extends beyond hospitals and encompasses various care, mental health support, and rehabilitation services. We emphasize the need for a comprehensive approach to disaster nursing that encompasses mental healthcare, rehabilitation, and general wellness. Special attention is paid to the care of vulnerable disaster victims, including pregnant nurses, and the prevention of sexual harassment. Our presentations underscore the importance of local community engagement in disaster responses. We also referred to the experience of Yuko Kuroda, who played a pivotal role in disaster recovery and community relationships.

6. Challenges in Shelters

Shelters present unique challenges often unrelated to disasters. Social conflicts and serious problems can arise, affecting the survivors' social well-being. To address this, Japan has developed guidelines for evacuation centers, focusing on privacy and information sharing as significant issues and providing examples of addressing various social issues in evacuation centers, including pet evacuation. These guidelines aim to improve the social well-being of survivors. In addition, we emphasize the importance of cultural sensitivity and spiritual care, especially when working in diverse communities. We emphasize the need to understand and respect local customs and beliefs.

7. Community-Centered Solutions

Furthermore, our presentation highlighted that disaster nursing should prioritize community health promotion and public health, emphasizing people-centered solutions and primary

healthcare services. We emphasize the value of a multidisciplinary approach that engages various sectors and individuals in disaster response and recovery. Collaboration among different disciplines and sectors is vital for addressing complex disasters. We discuss the use of technology and data in disaster nursing, including data mining, to understand community needs and concerns. We emphasize the importance of data collection and sharing to promote evidence-based practices. We showcased examples of community innovation and social support and underscored the significance of building relationships and providing support within the community.

8. Conclusion: Future Directions

We encourage the audience to contemplate future challenges, including the climate crisis, and underscore the need to create new cultures and lifestyles that promote wellbeing. We also emphasize the critical role of online and offline communications in achieving these objectives.

The presentations offer valuable insights into the field of disaster nursing and its contribution to community development. They emphasize the importance of community engagement, cultural sensitivity, and interdisciplinary collaboration in addressing complex disaster situations. We also advocate a people-centered approach and the use of technology and data to support evidence-based practices in disaster nursing.

9. Q&A Session:

Following the presentations, a question-and-answer session allowed the audience to engage with the presenters and delve deeper into the topics covered. This session facilitated a more in-depth exploration of the challenges and opportunities in disaster nursing and community development.

Third Seminar, November 18, 2023

**Lessons from Inclusive Recoveries in Post-disaster Japan:
Longitudinal impacts of pre-existing inequalities and social
environmental changes on life recovery: Results of the 1995 Kobe
Earthquake and the 2011 Great East Japan Earthquake recovery
studies**

Shigeo Tatsuki

Professor of Sociology, the Department of Sociology, Doshisha University

Nearly 50 years of disaster research findings have been accumulated on how pre-existing vulnerabilities/inequalities, as well as post-event environmental changes, affect long-term recovery processes. While most previous studies have been based on cross-sectional survey results, recent studies have focused on longitudinal surveys. By following the trajectories of individual recoveries, longitudinal studies allow for a more rigorous analysis of the factors related to better recovery. They can also provide findings based on causal inference analysis with a higher level of evidence for factors affecting the so-called “life recovery.”

In the spring of 1999, I was invited to Kobe City to design and conduct the 5th year assessment of life recovery of its citizens impacted by the 1995 Kobe earthquake. To obtain clear definitions of life recovery and what facilitated a sense of individual recovery, 12 grassroots brainstorming workshops were held and 269 impacted survivors participated. Finally, 1,623 opinions on what facilitated the participants’ sense of life recovery were collected and grouped according to their affinities. Seven mutually exclusive categories were identified and named *The Seven Critical Elements of Life Recovery*. They comprise *housing, personal social ties, community social ties, preparedness, physical and mental health, livelihood or economic and financial situation, and government assistance*. Based on these findings, we created the *Seven Critical Element Scales (SCES)* for life recovery and the 14-item *Sense-of-Life-Recovery Scale (SLRS)*. The following presentation reviews the results of longitudinal studies conducted over 10 years after the 1995 Kobe Earthquake and the 2011 Great East Japan Earthquake, using the SCES and the SLRS as independent and dependent measures, respectively.

We employed the SCES and SLRS in the 2001, 2003 and 2005 longitudinal life recovery surveys that were administered to the survivors of the 1995 Kobe earthquake, and a total of 297 complete subject responses or individual trajectories of SLRS scores over 3 waves were collected. These trajectories were cluster-analyzed into four patterns: ++ (those who remained very high),

+ (remained above average), - (remained below average), and — (those who stagnated very low). Further analyses of — patterned subjects (N=65) showed that there existed within-group variabilities, and those who participated actively in community events and maintained their personal social ties showed a “V-shape” recovery from Wave 2 to 3, while those who did not participate showed a sharp decline in their sense of recovery over three waves. Similarly, those who resided in neighborhoods with high community social ties regained a sense of recovery from Waves 2 to 3, whereas those who resided in neighborhoods with low community social ties showed a constant decline over the three waves.

We conducted a similar life recovery study following the 2011 Great East Japan Earthquake. Over 10 years, we conducted 5 waves of longitudinal study and obtained 316 individual trajectories of SLRS scores. We conducted cluster analyses of these individual trajectories and found a trajectory pattern similar to that in the Kobe study. We paid more attention to the factors that affected those “—” people who had stagnated in their life recovery processes. We concluded that pre-existing inequalities/vulnerabilities mattered and that those who had issues in *mental or physical health, unemployment, small household size or female-headed household, and/or older age* prior to the disaster recovered the most poorly over these 10 years. In other words, those who had been struggling in their everyday lives were the most severely affected and suffered for a disproportionately longer period. A disaster is similar to a magnifying lens, and it simply expands or magnifies preexisting inequalities. This was the first message of the evening.

The second message is that there still is hope. Another factor that influences life recovery is post-event social environmental change. Improvements in 1) *housing*, 2) *physical and mental health*, 3) *livelihood* as well as, 4) *personal* and 5) *community social ties* provided causal evidence of upward recovery trajectories. The first three factors are tangible resources for recovery, whereas the latter two are intangible. Two types of intangible *personal networks* exist: close and weak. The close ties are sometimes called “kith and kin” networks, such as close friends and family members/relatives. However, close networks cannot be easily expanded. In contrast, weak networks, such as hobby- and common interest-based acquaintances, can be easily expanded. Our longitudinal research findings showed that if the impacted survivors managed to expand their weak personal ties consisting of more than five acquaintances, their sense of normalcy and recovery from everyday life would have drastically improved. Regarding *community social ties*, our findings suggest that impacted survivors residing in neighborhoods with strong community ties, characterized as being high in *solidarity* and *self-governance*, have benefitted by regaining a sense of normalcy and life recovery.

Lastly, we examined the number of months impacted survivors spent in temporary housing facilities before moving into permanent housing settings. The temporary housing residency data were collected from Natori and Sendai, demonstrating inequalities. In both cities, those with larger family sizes or male-headed households recovered faster and moved to permanent settings sooner than those with single/two-person and/or female-headed households. However, there was a distinct difference between Natori and Sendai. Gaps between the haves and have-nots were much smaller in Sendai compared to those in Natori. The gap shrinkage in Sendai can be attributed to the introduction of disaster case management, which is individualized companionship for the most vulnerable survivors (e.g., single-household older adults, persons with disabilities, unemployed, and/or those in poor financial condition). Each vulnerable survivor was assigned a case manager who supported them not just for *housing, physical and mental health, or livelihood* recovery needs but also for a holistic coordination of all the needs of each survivor. Sendai housing residency data showed that the systematic introduction of case management helped the most vulnerable people regain their sense of life recovery within a much shorter period.

In conclusion, preexisting inequalities mattered. This first point implies the possibility of predicting who would require a much longer time for recovery even before the event happens. Therefore, it makes sense to aggressively reach out to disadvantaged populations without waiting for them to cry for help. Second, post-event environmental change processes mattered. That is, *physical and mental stress management, livelihood, and housing recovery* mattered. In addition to this tangible assistance, assistance to help expand personal social ties and strengthen community social ties also mattered, especially for disadvantaged populations. One such assistance could be the provision of disaster case management, through which a holistic coordination of the needed resources and services can be provided to pinpoint vulnerable individuals.

Materials shared by the Speaker

[1] Related Papers

Tatsuki, S., & Kawami, F. (2023). “Longitudinal impacts of preexisting inequalities and social environmental changes on life recovery: Results of the 1995 Kobe Earthquake and the 2011 Great East Japan Earthquake Recovery Studies.” *International Journal of Mass Emergencies & Disasters*, 41(1): 94–120.

<https://www.researchgate.net/publication/373692176> Longitudinal impacts of pre-

existing inequalities and social environmental changes on life recovery Results of the 1995 Kobe Earthquake and the 2011 Great East Japan Earthquake recovery studies

Tatsuki, S. (2007). “Long-term Life Recovery Processes among survivors of the 1995 Kobe Earthquake: 1999, 2001, 2003, and 2005 Life Recovery Social Survey Results.” *Journal of Disaster Research*, 2(6): 484–501.

[https://tatsuki-lab.doshisha.ac.jp/papers/JDR/JDR2007/Tatsuki\(2007\).pdf](https://tatsuki-lab.doshisha.ac.jp/papers/JDR/JDR2007/Tatsuki(2007).pdf)

Fourth Seminar, November 7, 2023

UN Sendai Framework for Disaster Risk Reduction and Build Back Better

Kimio Takeya,

Distinguished Technical Advisor on Disaster Risk Reduction, Japan International Cooperation Agency (JICA), and Visiting Professor, International Research Institute of Disaster Science (IRIDeS), Tohoku University

- Explain the concept and definition of the "Build Back Better" program proposed by the Japanese Government and finalized in the UN Sendai Framework for Disaster Risk Reduction (UNSFDRR)
- Discuss the differences between the UNSFDRR definition and the situation in Ukraine and considerations for future global standards, including human-made crises, hopefully initiated by Ukraine

1 JICA's support for Disaster Risk Reduction

The Japan International Cooperation Agency (JICA) is a governmental organization responsible for implementing Japanese Overseas Development Assistance. The projects under the JICA are specifically targeted at spreading amiable technologies with Japanese experience. The support of the JICA is entirely based on Japan's domestic experiences. Science-based analysis, pre-investment, the "Build Back Better" principle, and coordination among stakeholders, all identified in Japan as indispensable for DRR activities, have also been recognized as global trends and are incorporated into the UNSFDRR 2015–2030. The structure of the UNSFDRR has set four priorities for action and the relations between the seven targets.

The UNSFDRR has prioritized understanding disaster risk, strengthening disaster risk governance, investing in DRR for resilience and enhancing disaster preparedness for effective response, and "Build Back Better" in recovery, rehabilitation, and reconstruction as the four priority actions. This paper is structured based on the UN agreement, which was completely revised from the pre-existing draft document through a one-year debate among the states' negotiators led by the Japanese government negotiation team, supervised by the author.

2. International Trend for DRR

The year 2015 was an epoch not only for DRR but also for the change from the Millennium Development Goals to the Sustainable Development Goals. The Kyoto Protocol for the Paris

Agreement on Climate Change was simultaneously established in 2015 as this conference. The UNSFDRR from reducing disaster to bringing a resilient society with the “Build Back Better” strategy was the first global agreement for post-2015 discussions. More than 165 member states participated in the 3rd UN World Conference on DRR and finalized it. This conference established four common priority actions to effectively address seven targets to reduce disaster risk. This conference announced the UNSFDRR to reduce global disaster risks. The conference finalized the DRR global concept for the next 15 years as the SFDRR 2015–2030 [4] (United Nations Office for Disaster Risk Reduction, 2015), in which the target year is populated with SDGs and the Climate Change Parris Agreement.

The UNSFDRR focuses on seven targets from Targets A to G, composed of three “input targets”, which are: (e) increase national and local disaster reduction strategies, (f) enhance international cooperation for disaster reduction and (g) increase availability and access to early warning systems and risk information, and lay out four “outcome targets” to reduce negative impacts by disasters, namely (a) reducing global mortality by 2030, (b) substantially reducing number of affected people globally, (c) reducing direct disaster economic losses, and (d) reducing disaster damage to critical infrastructure and basic services disruptions.

3. Relation between UNSFDRR and Ukraine situations

The UNSFDRR does not include foreign occupation despite some countries strongly insisting on including it as a human-made disaster because such an issue is not the territory of the UNDRR but the primary responsibility of the UN Security Council. The UNSFDRR tried to reduce or prevent the root cause of disasters by pre-disaster investment based on scientific evidence, but foreign occupation is a political issue whose root cause cannot be addressed scientifically.

Ukraine is now facing a typical human-made disaster. We cannot address its root causes as we did in the cases of natural disasters, but we can refer to Build Back Better from natural disasters such as earthquakes, which impact huge areas, unlike floods that hit only inundation areas along the river line.

After the serious earthquake around Tokyo in 1923, the Japanese government and Tokyo Metropolitan government tried to rebuild Tokyo more strongly than before with the philosophy of Build Back Better, which was used as a recovery concept in the UNSFDRR, the same as after the Second World War, not limited to Tokyo but also encompassing Hiroshima and other cities.

This concept can be applied to rebuild a more resilient society in Ukraine.

Fifth Seminar, November 21, 2023

Part I: In the Final Phase of Recovery

Atsumi Sasaki,

Chief Officer at the Section of Cultural Assets Management, City of Rikuzentakata

I am Atsumi Sasaki, a staff member of the Rikuzentakata City Board of Education of Iwate Prefecture. Rikuzentakata City was one of the cities that was most severely affected by the Great East Japan Earthquake that occurred in March 2011. The city had a population of 24,246 at the end of February 2011, which has declined by 6,541 to 17,705 as of the end of October this year.

The magnitude of the Great East Japan Earthquake was 9.0. Rikuzentakata City experienced a seismic intensity of 6 lower. A huge tsunami struck the city several tens of minutes after the earthquake, taking numerous lives and devastating the entire city. This earthquake is called an “unprecedented disaster” in Japan. When faced with a disaster of this scale, you must make the priorities clear and take the first steps on a long path to reconstruction and recovery by addressing each issue according to the order of priority.

Human lives come first and foremost. At first, we had to identify deaths, search for missing people, and at the same time, provide emergency shelters to secure the safety of people who had lost their homes. The next step was to remove the rubble on the streets, recover the roads, and build temporary housing for the disaster victims so that they can live a decent life. Then came the phase where we worked to support people reconstruct their homes, secure a steady income, build a new community, and rebuild their lives, which involved more than material construction, such as helping them find new joy and a purpose in life.

The Great East Japan Earthquake rendered us vulnerable. We were deprived of our livelihoods and could not live without the help of others. We believe, however, all the more because we experienced such a plight, we can build a city capable of empathizing with and supporting people who are in a difficult situation. From there, we came up with the motto of “An Intentionally Inclusive Community”, in other words, “building communities where there is no need for the word Normalization.” To briefly explain, this motto represents our resolution to build a place where everyone respects and supports each other, a community so inclusive that people do not need to discuss issues like eliminating barriers and ensuring accessibility for everyone, because it is such a commonplace practice. Under the direction of the then deputy mayor, we were tasked to formulate an action plan that is easily understandable for the citizens. Let me explain how we developed the “Rikuzentakata: an Intentionally Inclusive Community Action Plan.”

First, a working team was formed from young and middle-level staff members of the city

government. The team gathered every day after work and discussed various topics. We started by doing all kinds of things to understand the inconveniences experienced in daily life that unimpaired people are not aware of: we tried using special tools to simulate the experience of elderly people, walked through the city hall with our eyes closed and using a white cane, used a wheelchair, and even tried conversing with sign language.

When we talk about inclusivity and eliminating barriers and inconvenience, people might think that that is the responsibility of social welfare. When building a whole new city from scratch, however, inclusivity is something that everyone in all sections of the city government needs to keep in mind, whether they are in charge of disaster prevention, construction, education, or tourism. Everyone needs to consider what they can do in their responsibility, what is needed to make the city more inclusive and bring those ideas together. Through such cross-sectoral deliberations, each section was able to identify their problems and the action plan to solve those problems gradually took form.

That was how we drafted the action plan, but it remains to be seen if the plan is effective in practice. We had the action plan reviewed not only by people with disabilities and the elderly, but by citizens with diverse backgrounds including local business operators and education professionals from the viewpoints of community development. After repeated amendments and refining, the action plan was completed as the pillar of reconstruction and recovery. So many people participated and expanded their field of activities in the process. Rikuzentakata City will continue pursuing our vision of building “An Intentionally Inclusive Community” so that everyone can fulfill their true potential and contribute as a valuable member of society.

From here on, I would like to talk about cultural properties, which is my current area of responsibility. “Reconstruction that builds on the sacrifice of cultural properties is not true reconstruction.” This is another motto we kept in mind in our reconstruction efforts. It was not until the last phase of reconstruction that we were able to focus on conserving the local history and culture. Tradition, history, and culture are things that our ancestors have nurtured for centuries across generations. They are, so to say, the proof of existence of Rikuzentakata City as it is today.

This is a photo of a residence of a local officer built about 220 years ago. It was called the Yoshida-Ke residence, designated as a tangible cultural property of Iwate Prefecture. In the wake of the earthquake and tsunami, the whole area was filled with rubble and left with hardly any buildings standing. However, a pillar inscribed with the name of the residence was miraculously found from the piles of rubble. This inspired the local people’s hope to restore the Yoshida-Ke residence again. With the cooperation of the prefectural board of education and professional institutions, people started recovering damaged wood members and other remains of the residence building from rubble and dirt. It must have been tough since those people were also afflicted by the tsunami, still on their way to reconstruct their own lives.

The city hall and museums can be built anew using the latest architectural technology, but that is not the case with cultural property buildings. Especially in the case of the Yoshida-Ke residence, we needed to reuse the damaged members and replicate as much as possible the construction techniques that were in use 220 years ago during the Edo period in Japan. The reconstruction project was extremely difficult as no one had experience in reproducing an old house out of damaged wood members. We did not even know where to start, so we began by excavating the site of the washed-away residence. Then, we desalinated the seawater-soaked members and repaired the parts that were broken or lost due to the impact of the tsunami. Every day was a repetition of trial and error. To date, around 70% of the residence building has been reconstructed. Few craftspeople today possess the skills to build thatched roofs and earthen walls, because such structures are seldom seen in today's homes.

The former Yoshida-Ke residence is open to the public even while the reconstruction works take place, as a facility that reminds people of the danger of tsunami and the importance of passing down local history, culture, and traditional techniques. The project is planned to complete in March 2025. If you have a chance to come to the area, we hope you will visit this cultural property and see how the city of Rikuzentakata has been recovering from the devastating disaster.

Thank you very much for listening.

Fifth Seminar, November 21, 2023

Part II: People Left Behind

Yoshiyuki Aota,

Representative of Specified Non-Profit Organization Support Center Peer

The Great East Japan Earthquake broke out on March 11, 2011. Numerous lives were lost in the tsunami-hit prefectures of Miyagi, Iwate, and Fukushima. What was different in Fukushima Prefecture was the accident that occurred at the nuclear power plant, which severely aggravated the situation.

The tsunami reached as far as 5 to 10 kilometers inland. Most of the coastal port villages were swept away. You might think that if the height of the tsunami was about 50 cm, people could withstand its force and survive, but the tsunami comes rushing on carrying rubble, vehicles, and all kinds of things. Once struck by these objects, you will be knocked down and washed away together with the rubble. You should never underestimate the power of a tsunami because even a small one could be extremely dangerous. Evacuation of elderly people and the disabled involves high risks. Their mortality from the tsunami was twice as high as that of healthy people.

A series of explosion began at the Fukushima Daiichi Nuclear Power Plant on the day after the earthquake, making the situation even worse for the local people. Residents living within 20 km of the plant were ordered to evacuate. As many as 160,000 people were suddenly forced to leave their homes without knowing where to go. A mandatory evacuation order was issued to residents within 20 km and a shelter-in-place order to those *within* a 20-30 km radius of the nuclear plant. This information did not reach people who were in areas where all communication lines were down.

The unfamiliar word “shelter-in-place order” made people anxious because it was the first time the government ever announced the word. Most people had never heard of it before. The information we received from TV and radio broadcasting was like this: “A large amount of radioactive material has been emitted into the air and will fall from the sky. Please stay indoors to avoid danger. It is best to take shelter in a reinforced concrete building, as wooden structures cannot block penetrating radiation. If you must stay in a wooden house, make sure to close the windows tight and not to use the ventilator or air conditioner. Seal the window frame. Wear thick clothes and a face mask and stay calm. Small children should evacuate to a distant region as they are at risk of thyroid cancer.” This was the message that accompanied the shelter-in-place order. Obviously, few people could stay calm. Although the instruction issued by the central government was to take shelter in place, Minamisoma City urged all residents to evacuate outside of the city.

Those who opted to evacuate set off toward Niigata on buses chartered by the central government or on their own cars. At that time, however, no one knew in which direction the radioactive plume was

moving. It turned out that much of the radioactive material had spread in the same direction as the evacuees and many were exposed to radiation. Although the mandatory evacuation order was limited to residents within the 20 km radius, dangerous levels of radiation were detected at more than 60 km away from the plant, prompting more people to evacuate. What was worse, this additional evacuation was delayed as late as a month after the earthquake in some areas.

Check gates were set up by the police and Self Defense Forces at locations 20 to 30 km from the plant, blocking anyone from outside entering the area. No one in principle remained inside the 20 km radius, as it was the mandatory evacuation zone, but the area between 20-30 km radius was specified as the shelter-in-place zone and around 5,000 residents out of the total population of 75,000 remained even after Minamisoma City recommended evacuation. Those who did not evacuate were mainly the elderly, disabled, and their family members. Since the area was under blockade, they were running out of food and medicine with no one around to support them. Then why did these people remain in the area despite such deteriorating conditions? —The situation at emergency shelters was also extremely severe. Shelters nearby were overcrowded and impossible to accommodate any more incomers. Refugees had to travel across prefecture borders for 100 to 200 km to reach other shelters with vacancies and many of the elderly or disabled residents decided that they could not endure such a long trip. They had no other choice but to remain in their homes. In a nuclear disaster, the most vulnerable people who cannot quickly escape are left behind. Since people had to evacuate on their own in a blind escape, no one accurately knew who were left behind, in what situation, nor did anyone have the means to find out.

Many of the users and family members of the Support Center Peer were also left behind. We needed to deliver food, medicine, and daily supplies to those people, which required information gathering and constant support. We needed to identify the disabled persons that were remaining in the shelter-in-place zone to support their lives. With the cooperation of Minamisoma City, we were able to obtain disclosure of personal information of residents with disabilities, and based on that information, visited each house in the area to confirm the safety and situation of each person. Minamisoma was the only city in Japan where personal information was disclosed.

Among the residents of the specified evacuation area affected by the nuclear plant accident, 2,038 people died from disaster-related causes even though they survived the earthquake and tsunami. This figure is more than that of the people directly killed by the earthquake and tsunami. It should also be noted that the elderly and disabled accounted for many of the indirect disaster-related deaths.

Even after 12 years since the accident, there are still places that are not fit for human habitation because the radiation levels are too high. As of 2018, the number of local children suffering from thyroid cancer reached 260, but the prefectural Health Survey Review Committee continues to maintain that the nuclear accident is unlikely the cause of their illness. Then, what caused these children to develop thyroid cancer? Neither the central or prefectural government has given an

explanation to date. Who is responsible for the illness of so many children? Some people even say that it is a matter of self-responsibility.

The 2011 disaster has not ended in Fukushima. Large earthquakes continue to frighten the area, including the ones of magnitude 7.3 on February 13, 2022, and of magnitude 7.4 on March 16, 2023. As always, the elderly and the disabled are the first ones to be forced into difficulties whenever large disasters occur. We need to embrace the lessons learned in the past and build a society where not a single disaster victim will be left behind.

The Noto Earthquake struck Japan on January 1, 2024. Again, many lives were lost. I would like to offer my sincerest prayer for the repose of the victims' souls.

Sixth Seminar, January 30, 2024

Mental Health and Psychosocial Support in Emergency Settings

Takashi Izutsu,

Ph.D., The University of Tokyo

The protection and promotion of mental health and psychosocial well-being, as well as the rights of persons with mental health conditions and psychosocial disabilities, are key priorities. The World Health Organization (WHO) states that currently, one out of eight people worldwide, that is, one billion people, has a mental health condition. Among these, anxiety-related conditions account for 31%, depression 29%, autistic spectrum disorder 3%, and schizophrenia 2.5%. In addition, 300 million people have alcohol-related conditions, 35 million have drug-related conditions, and 55 million (7% of those aged 65 years or above) have dementia. The degree of impairments is high. According to the WHO's Global Health Estimates, acute schizophrenia is ranked first while severe depression and residual schizophrenia are ranked 5th and 10th respectively, among all the health conditions. Economic costs are also enormous: direct and indirect costs of mental health conditions exceed 4% of the GDP according to the Organization for Economic Cooperation and Development. However, simultaneously, an investment of 1 USD will return 4 USD according to the World Bank Group and WHO.

However, a huge gap exists in mental health resources. The WHO estimates that annual governmental mental health expenditure per capita is only 0.02 USD among low-income countries, while 1–3 and 80 USD, respectively, are spent in middle-income and high-income countries. The human resources for mental health per 100,000 people are approximately 1.6, 6–21, and 72, respectively, in low-income, middle-income, and high-income countries.

Given these conditions, the promotion of mental health and well-being was included in the 2030 Agenda and its Sustainable Development Goals (SDGs) as a new global priority in 2015. In the same year, the UN Sendai Framework for Disaster Risk Reduction (UNSFDRR) adopted at the World Conference for Disaster Risk Reduction integrated ensuring access to mental health and psychosocial services for all who required them as part of the key action points.

Together with these global normative frameworks, there are an increasing number of implementation toolkits, including the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007), the WHO's mhGAP Intervention Guide Version 2.0 (2019) and Comprehensive Mental Health Action Plan 2013–2030 (2021), IASC Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action (2019). Among these tools, the solution for mental health and psychosocial support is understood through a four-layer approach: basic services and security, community and family support,

focused, non-specialized support, and specialized services provided by mental health professionals. Most people recover from distress after natural disasters if basic services and security are attained, along with social support, even in the absence of professional support.

Furthermore, the Psychological First Aid (PFA) Guide for Field Workers (2011) was published by the WHO together with various global stakeholders. The PFA provides humane, supportive, and practical support to fellow human beings who have recently been exposed to serious stressors, including conflicts and disasters. It is nonintrusive, practical, and supportive. Anyone who underwent an orientation can provide PFA. It includes the following: Prepare, look, listen, and link. An e-orientation is available at the link indicated here¹⁰.

Mental health and psychosocial well-being, as well as the rights of individuals with mental health conditions and psychosocial disabilities, should be protected and promoted during emergency settings. Persons with mental health conditions and psychosocial disabilities, together with those with developmental or intellectual disabilities, often face various environmental, institutional, and attitudinal barriers, which lead to discrimination, exclusion, and human rights violations. Emergency settings can exacerbate these conditions. Therefore, it is imperative to ensure that all sectors integrate a human rights-based mental health approach while ensuring the meaningful participation of persons with mental health conditions and psychosocial disabilities in all stages of assessment, planning, decision-making, preparation, response, implementation, and evaluation. The Human Rights-based Well-being Checklist can be a useful tool to assess the situation and develop action plans.

Materials shared by the Speaker

[1] Related Information

Comprehensive Mental Health Action Plan. (September 21, 2021). *WHO*.

<https://www.who.int/publications/i/item/9789240031029>

Diagnostic and Statistical Manual of Mental Disorders Fifth Edition Text Revision (DSM-5-TR). (2022). American Psychiatric Association.

IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action, (November 19, 2019). *Inter-Agency Standing Committee*.

<https://interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019>

IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, (June 1, 2007). *Inter-Agency Standing Committee*. <https://interagencystandingcommittee.org/iasc-task-force-mental-health-and-psychosocial-support-emergency-settings/iasc-guidelines->

¹⁰ <https://www.youtube.com/playlist?list=PLtWjmBOuKQBdk734agp5XN09ciQ1c-WfQ>

[mental-health-and-psychosocial-support-emergency-settings-2007](#)

International Classification of Diseases 11th Revision. *WHO*. <https://icd.who.int/en>

MHPSS TWG Referrals Map. (Updated August 17, 2023). *OCHA*.
<https://response.reliefweb.int/ukraine/mental-health-and-psychosocial-support-technical-working-group/mhpss-twg-referrals-map>

Making Mental Health Count. (July 8, 2014). *OECD*. <https://www.oecd.org/health/making-mental-health-count-9789264208445-en.htm>

Mental Health Atlas 2020. (October 8, 2021). *WHO*.
<https://www.who.int/publications/i/item/9789240036703>

Out of the Shadows: Making Mental Health a Global Development Priority. (April 13-14, 2016).
World Bank. <https://www.worldbank.org/en/events/2016/03/09/out-of-the-shadows-making-mental-health-a-global-priority>

Psychological First Aid: Guide for Field Workers. (October 2, 2011). *WHO*.
<https://www.who.int/publications/i/item/9789241548205>

Suicide rates. *WHO*. <https://www.who.int/data/gho/data/themes/mental-health/suicide-rates>

Ukrainian Prioritized Multisectoral Mental Health and Psychosocial Support Actions During and After the War: Operational Roadmap [EN/UK]. (December 9, 2022). *WHO*.
<https://reliefweb.int/report/ukraine/ukrainian-prioritized-multisectoral-mental-health-and-psychosocial-support-actions-during-and-after-war-operational-roadmap-enuk>

World Mental Health Report: Transforming Mental Health for All. (June 16, 2022). *WHO*.
<https://www.who.int/publications/i/item/9789240049338>

World Report on Disability. (December 14, 2011). *WHO*.
<https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/world-report-on-disability>

World Report on Violence and Health. (October 3, 2002). *WHO*.
<https://www.who.int/publications/i/item/9241545615>

mhGAP Intervention Guide -Version 2.0. (June 24, 2019). *WHO*.
<https://www.who.int/publications/i/item/9789241549790>

Human Rights-based Well-being Checklist (HRWC). (2019). *The University of Tokyo KOMEX*.
<https://empowerproject.jp/wp-content/uploads/2020/12/2019-WCDRR-Report-and-Thereafter.pdf>.

List of Papers by Each Speaker

English Language

- Cohen, Odeya, David Stewart, Sakiko Kanbara, Howard Catton, and Judith Shamian. (2019). *Disaster Nursing: Trends in the Professional Literature*. Cambridge University Press.
- Fujii, Katsunori. (2020). *Picture Book United Nations Convention on the Rights of Persons with Disabilities*. Cho-Bun-Sya.
- Fujimoto, Shinya, Fuminori Kawami, Anna Matsukawa, Shosuke Sato, and Shigeo Tatsuki. (2022). "Pre-Existing Inequalities, Post-Event Social Environmental Changes, and Long-Term Trajectories of Life Recovery: Findings from Five-Wave Natori City Life Recovery Panel Survey." *Journal of Disaster Research*, 17(2): 207-216.
- Hashimoto, Jin, Takashi Izutsu, Shodai Sunagozaka, Satoshi Iiyama, and Atsuro Tsutsumi. (2023). "A comparison of traumatic experiences and human rights violations of persons with mental health conditions or psychosocial disabilities and persons with other disabilities." *PLoS ONE*, 18(11), e0292750: 1-14.
- Izutsu, Takashi, Atsuro Tsutsumi, Harry Minas, Graham Thornicroft, Vikram Patal, and Akiko Ito. (2015). "Mental health and wellbeing in the Sustainable Development Goals." *The lancet. Psychiatry*, 2(12): 1052-1054.
- Kanbara, Sakiko, Rajib Shaw, Naonori Kato, Hiroyuki Miyazaki, and Akira Morita (eds.). (2022). *Society 5.0, digital transformation and disasters: past, present and future*, Singapore: Springer Nature Singapore.
- Kanbara, Sakiko, and Rajib Shaw. (2021). "Disaster Risk Reduction Regime in Japan: An Analysis in the Perspective of Open Data, Open Governance." *Sustainability*, 2022, 14(1), 19: 1-20.
- Kanbara, Sakiko. (2021). "Key Priority Research Areas towards Disaster Risk Reduction." *Health Emergency and Disaster Nursing*, 8: 1-5.
- Nagami, Kozo, and Kimio Takeya. (2019). "Securing recovery needs for Build Back Better (BBB) by linking Post-Disaster Needs Assessment (PDNA) with sectoral breakdown of World Risk Index." United Nations Office for Disaster Risk Reduction Working Papers, p. 34, June 2019.
- Tatsuki, Shigeo. (2012). "Challenges in Counter-disaster Measures for People with Functional Needs in Times of Disaster Following the Great East Japan Earthquake." *Japanese Journal of Sociology*, 21(1): 12-20.
- Tatsuki, Shigeo. (2013). "Old Age, Disability, and the Tohoku-Oki Earthquake." *Earthquake Spectra*, 29(1): 403-432.
- Tatsuki, Shigeo. (2018). "Persons with disabilities in the Great East Japan Earthquake -Lessons

learnt and new directions towards evidence-based empowering just practices.” In Lena Dominelli (ed.) *The Routledge Handbook of Green Social Work*, 464-477, London: Routledge.

Japanese Language

- Aota, Yoshiyuki, and Yahata Takashi. (2014). *Persons with Disabilities in Nuclear Disaster* [Genpatsushinsai, Syougaisyaha...Kiteta Hisaisyu]. Kaihou-Shyuppan-Sya.
- Fujimoto, Shinya, Takumi Sugahara, Yasuhiro Mitani, Fuminori Kawami, and Shigeo Tatsuki. (2021). “Did Disaster Risk Communication Workshop Improve Disaster Risk Reduction Literacy? : Impact Evaluation Based on Propensity Score Analysis.” *Journal of Social Safety Science*, 39: 343-350
- Honjo, Yuichi, Takashi Noda, and Shigeo Tatsuki. (2018). “A Study on the Life History of the Aid-Giving Local Government during the Emergency Response and Relief after the 2016 Kumamoto Earthquake.” *Journal of Social Safety Science*, 33: 301-311.
- Kawami, Fuminori, Anna Matsukawa, Shosuke Sato, and Shigeo Tatsuki. (2019). “Did the Designated Temporary Housing Policy Promote Housing Recovery? : Causal Inference by Using Natori City Data.” *Journal of Social Safety Science*, 35: 217-224.
- Kawami, Fuminori, Anna Matsukawa, Shosuke Sato, and Shigeo Tatsuki. (2020). “Effects of pre-disaster household social vulnerability on housing recovery.” *Journal of Social Safety Science*, 37: 421-428.
- Matsukawa, Anna, Fuminori Kawami, Aya Tsujioka, Junko Murano, and Shigeo Tatsuki. (2019). “Impact Evaluation by Propensity Score Analysis if Inclusive Disaster Drill.” *Journal of Social Safety Science*, 35: 279-286.
- Matsukawa, Anna, Shosuke Sato, and Shigeo Tatsuki. (2017). “The Study of the Effect of Choise of Temporary Housing to the Housing Recovery; Based on Two Years Data of Natori city Survey Data 2014 and 2015.” *Journal of Social Safety Science*, 30: 149-159.
- Matsukawa, Masahiro, Fuminori Kawami, and Shigeo Tatsuki. (2019). “Effect of social capital on creation of evacuation behavior support system for persons with disabilities for disasters: Case of Disaster Prevention Welfare Community of Kobe City.” *Journal of Social Safety Science*, 35: 125-133.
- Tsujioka, Aya, Fuminori Kawami, Anna Matsukawa, and Shigeo Tatsuki. (2018). “Impact Measurement of Training Programs for Local Government Personnel Using Disaster Response Competency Profile Indices.” *Journal of Social Safety Science*, 33: 291-299.

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NAPD Proposal

Suggestions by the National Assembly of Persons with Disabilities on inclusive recovery of Ukraine

1. Involving non-governmental organizations of people with disabilities to decision-making processes.

It is necessary to involve non-governmental organizations of people with disabilities to all processes related to decision-making and development of strategies and programmes designed to support the recovery of Ukraine. It is necessary to take into account their expert opinions on the impacts of governmental policies on the quality of life for people with disabilities. It is necessary to ensure coordination of cooperation between donors, clusters and with these organizations in humanitarian response.

In Ukraine non-governmental organizations of people with disabilities have a more professional understanding of the local situation and needs that tend to change rather quickly. They are in contact with their target group who trust them and turn to them for assistance.

This approach will help to: (1) reduce financial costs during planning and implementation of recovery work in Ukraine in all areas of life because users will be involved at the initial planning stages; (2) ensure an inclusive approach.

2. Improving access to healthcare for people with disabilities and older people.

The hostilities in Ukraine have led to major destructions in the healthcare system. During the year of war over 1200 healthcare facilities were destroyed across the country (Ministry of Health data). During recovery and construction of new healthcare facilities it is necessary to bear in mind their physical accessibility and access to healthcare services for this target group.

The war and the healthcare reform that started before it have led to a situation when people with disabilities and older people do not have appropriate access to medical and rehabilitation services. Healthcare facilities and healthcare equipment remain physically inaccessible for people with disabilities and older people. Due to the destructions of infrastructure, roads and transport, people are unable to get to a hospital and receive the needed services.

A low awareness among people with disabilities about opportunities to receive free-of-charge or affordable healthcare services, rehabilitation support, medicines and personal hygiene items (incontinence); the lack of tele-healthcare and early diagnosis are life-threatening and degrading. The current state programmes providing medicines (e.g. cancer medicines) on preferential terms and programmes providing hygiene items (incontinence) are funded only partially and fail to meet the actual needs of individuals. People with disabilities

(caused by different types of disorders) are similarly limited in their opportunities to access assistive rehabilitation devices and the procedure to obtain them is time-consuming.

3. Recovery of housing stock.

According to the World Bank estimates of the war-caused harm and damages, in Ukraine nearly 500 000 of dwelling units were completely destroyed and another 1 000 000 were damaged. Consequently, significant numbers of people among 4.8 million internally displaced persons (IDPs) will not be able to return to their homes. This issue cannot be resolved by building modular towns (with international funding) as these are not accessible for people with disabilities and older people.

As part of recovery activities, housing programmes must take into account the needs of this target group. Similarly, construction of social housing that is physically and financially accessible (i.e. so that people with disabilities can afford to rent or to purchase it) must also be considered in the recovery programmes for Ukraine. People with disabilities and older people who lost their own houses or apartments presently have to live at institutions and hospitals that were converted to dwelling spaces¹¹.

4. Development of transport infrastructure.

It is equally important for persons with disabilities and older people to benefit from accessible transport infrastructure and transport vehicles, which must also be integrated into the recovery process. Without repaired roads and accessible public transport such people remain ‘cut off’ from life.

Importantly, recovery activities should involve national actors, international funding agencies and organizations, as well as the private sector.

5. Active development of the social services market.

The war in Ukraine put additional pressures on the social protection system that does not have the capacity to provide the needed amount of basic social services. This issue is particularly acute in host communities that welcomed people fleeing from the war. For such communities this creates the need for additional places at kindergartens, schools, healthcare facilities, and increases the need to provide external assistance for internally displaced persons with disabilities and older people. The quality and number of services remain low. All these factors increase the workload for social workers. Further, it is impossible to estimate their workload in the long term, as we do not know how many currently internally displaced people will return home and how many will permanently stay in the host community.

¹¹ <https://www.washingtonpost.com/world/2023/03/18/ukraine-disabled-elderly-institutionalized-war/>

Since the start of the war, the numbers of social workers have dropped. Some went to other countries, while others are not willing to work in hard and unsafe conditions with meagre salaries (equivalent of 150 USD per month). The increasing numbers of people with disabilities call for the development of community-based social services and supports.

6. Creating new and recovery of destroyed workplaces.

As a result of the Russian aggression, more and more Ukrainians experience impoverishment. The war threw Ukraine many years back in terms of citizens' economic welfare. Specifically, it pushed below the poverty line 25% of households, or 7.1 million people. Another 3.7 million people are at risk of finding themselves in the same situation. Moreover, due to bombings and occupation of territories, Ukraine lost 2.4 million workplaces. Large numbers of people with disabilities became unemployed, while others have to live below the poverty line (50 USD per month).

A significant portion of Ukrainians, including civilians and military servicemen, will not be able to work in their former jobs due to wounds and injuries. In this context ensuring their professional re-orientation and re-training, creating new jobs become essential for Ukraine. Therefore, the activities to recover Ukraine's economy must consider the need to provide jobs for people with disabilities in an inclusive labour market.

Meanwhile, enterprises created by individuals with disabilities, by their organizations or by other employers whose staff by over 50% are people with disabilities serve as a specific type of support and employment for persons with disabilities. Such enterprises must be supported by the state through preferential terms / reduced taxes and fees / state orders.

Before the start of Russia's full-scale invasion of Ukraine, the population with disabilities was nearly 3 million. According to the National Assembly, there are many more people with disabilities in Ukraine: some do not want to register their disability because of the existing bureaucratic system; others – because they do not believe this status will give them anything; and others simply do not know how to do it. According to the system of the Pension Fund, which registers the payment of pensions for disability, additional 13,000 people started receiving the disability pension throughout 2022.

JDF Proposal

29 October 2013

Proposals from people in disaster-affected areas:

Toward inclusive communities for all

The Nippon Foundation
The Japan Disability Forum (JDF)
with participants of the *Symposium on Persons with
Disabilities and Disaster Risk Reduction
(* Jointly organized by UNISDR, TNF, JDF)

According to the World Health Organization, it is estimated that persons with disabilities constitute 15% of the world population. It can be said that persons with disabilities are among the most vulnerable in times of disaster.

It is reported that in the Great East Japan Earthquake, which occurred on 11 March 2011, the mortality rate of persons with disabilities was double that of the general population. One reason is that the existing disaster risk reduction policies were not sufficiently effective for persons with disabilities. Although it is important that disaster risk reduction programs are implemented in a way that serves all the residents of the area, these programs, at the same time, should also respond to the needs and conditions of each individual. We should not forget the fact that soon after the Great Earthquake hit, it was difficult even to discover the whereabouts of persons with disabilities, partly because of barriers caused by existing legislation on personal information protection. A considerable number of persons felt that their human dignity had been violated. In light of the above situation, we propose the following:

- 1. It is necessary to explicitly include persons with disabilities in all kinds of policies, programs and activities related to disaster risk reduction.**
 - It is necessary to explicitly include persons with disabilities in the post 2015 UN global framework for disaster risk reduction.
 - It is also important to include persons with disabilities in national, municipal and other public programs and activities for disaster risk reduction, and at the same time to establish departments/sections in charge of the disaster support for persons with disabilities.
 - The needs in time of disaster differ from individual to individual. It is necessary to respond to the variety of needs related to the disabilities of each individual, as well as his/her gender, age, nationality, and so forth.

2. It is essential that persons with disabilities and the individuals/bodies who assist them participate in programs and activities for disaster risk reduction.

- It is essential that persons with disabilities and the individuals/bodies who assist them participate in policy/program making and activities for disaster risk reduction, including emergency drills.
- It is important that persons with disabilities be appointed to posts in charge of disaster risk reduction in national/municipal governments or other public bodies.
- It is important to utilize the knowledge and experience of residents, including persons with disabilities or civil society organizations, in order to address the various issues related to persons with disabilities. This is evident from our experiences with the Great East Japan Earthquake.
- With the participation of persons with disabilities themselves, we can make and implement the most appropriate and effective policies, programs and projects in support of persons with disabilities, without spending a large amount of money. Such participation also makes possible more convincing educational measures related to disaster risk reduction.

3. It is necessary to implement disaster risk reduction policies and programs based upon the principles of the Convention on the Rights of Persons with Disabilities, and to make these policies and programs inclusive, without discrimination or inequality.

- Disaster risk reduction policies, programs, emergency drills and their documents, emergency alarms, evacuation orders/recommendations, and assistance for evacuation, must be made accessible and easy to understand for everyone.
- Especially, it is necessary to establish guidelines for large areas, such as on the national level, in order to make the information, buildings and facilities related to disaster risk reduction accessible and usable.
- It is important to make community systems with the participation of all the residents, in order that each resident is not only an object for support but also an active member who participates and contributes in daily activities for disaster risk reduction.

It is said that disaster situations reflect and expose the actual state of the society. To put it another way, activities undertaken in ordinary times will produce a strong effect in times of disaster. If we make disaster risk reduction activities inclusive, without discrimination or inequality, we will be able to build inclusive communities for all.

References

English Language

- Aldrich, D. P. and Y. Sawada. (2015) . “The Physical and Social Determinants of Mortality in the 3.11 Tsunami.” *Social Science & Medicine*, 124: 66-75.
<https://www.sciencedirect.com/science/article/abs/pii/S0277953614007485>
- Anonymous. (2023, February 24). “One year of war: persons with disabilities in Ukraine.” *European Disability Forum*. <https://www.edf-feph.org/one-year-of-war-persons-with-disabilities-in-ukraine/> (Accessed: 2024/01/05)
- Anonymous. (2023, March 23). “Updated Ukraine Recovery and Reconstruction Needs Assessment.” *World Bank*. <https://www.worldbank.org/en/news/press-release/2023/03/23/updated-ukraine-recovery-and-reconstruction-needs-assessment> (Accessed: 2023/12/27)
- Anonymous. (n.d.). “David Werner's Collection.” *Disability Information Resources*.
<https://www.dinf.ne.jp/doc/english/global/david/index.html> (Accessed :2023/12/27)
- Enano, Jhesset O. (2019, November 9). “Mental Health Absent in PH Climate Change Plans.” *INQUIRER. NET*. <https://newsinfo.inquirer.net/1187685/mental-health-absent-in-ph-climate-change-plans> (Accessed: 2024/01/22)
- IOM. (2023). “Ukraine internal displacement report: General population survey- Round 14.” October, 2023.
file:///C:/Users/81803/Downloads/IOM_Gen%20Pop%20Report_R14_Displacement_Final.pdf
- Kobe Institute of Urban Research. (2010). *Comprehensive Strategy for Recovery from the Great Hanshin-Awaji Earthquake*. Kobe, Japan: City of Kobe.
- Levy, Barry S. and Jennifer Leaning. (2022, July 14). “Russia’s War in Ukraine -The Devastation of Health and Human Rights.” *The New England Journal of Medicine*.
<https://www.nejm.org/doi/full/10.1056/NEJMp2207415> (Accessed: 2024/01/05)
- Matsubayashi, T., Y. Sawada, and M. Ueda. (2013) . “Natural Disasters and Suicide: Evidence from Japan.” *Social Science and Medicine*, 82: 126-133.
<https://www.sciencedirect.com/science/article/abs/pii/S0277953612008441?via%3Dihub>
- Peleschuk, Dan. (2023, November 16). “Ukrainian group says more than 30,000 troops have died in Russia’s invasion.” *REUTERS*. <https://www.reuters.com/world/europe/ukrainian-group-says-more-than-30000-troops-have-died-russias-invasion-2023-11-15/> (Accessed: 2023/12/27)
- Rahman, Labib and reviewed by the Stanford Disability Initiative Board. (2019). “Disability Language Guide.”
<https://disability.stanford.edu/sites/g/files/sbiybj26391/files/media/file/disability-language->

[guide-stanford_1.pdf](#)

- Savoy, Conor. M., and Janina Staguhn. (2023). *Enabling and Economic Transformation of Ukraine -Recovery, Reconstruction, and Modernization-*. Washington, DC: Center for Strategic & International Studies. <https://features.csis.org/enabling-ukraines-economic-transformation/>
- Shi, Wei., Peter Navario, and Brian J. Hall. (2022). “Prioritising mental health and psychosocial services in relief and recovery efforts in Ukraine.” *THE LANCET Psychiatry*, 9(6): e27. <https://www.thelancet.com/action/showPdf?pii=S2215-0366%2822%2900114-6>
- Sueta, Daisuke., Kenji Sakamoto, Hiroki Usuku, Koichiro Fujisue, Kenshi Yamanaga, Yuichiro Arima, Seiji Takashio, Satoru Suzuki, Eiichiro Yamamoto, Koichi Kakita, and Kenichi Tsujita. (2019). “Clinical Features of Disaster-Related Deaths After the Kumamoto Earthquake 2016 -Comparison With the Great East Japan Earthquake 2011-.” *Circulation Reports*, 1: 531-533. https://www.jstage.jst.go.jp/article/circrep/1/11/1_CR-19-0097/_pdf-char/ja
- Tatsuki, S., & Kawami, F. (2023). “Longitudinal impacts of preexisting inequalities and social environmental changes on life recovery: Results of the 1995 Kobe Earthquake and the 2011 Great East Japan Earthquake Recovery Studies.” *International Journal of Mass Emergencies & Disasters*, 41(1): 94–120.
- UNHCR. (2022). “Lives on hold: Intensions and perspectives of refugees and IDPs from Ukraine – Regional Intentions Report #1.” July, 2022. <file:///C:/Users/81803/Downloads/UNHCR%20-%20LIVES%20ON%20HOLD%20%231%20-%20PROFILES%20AND%20INTENTIONS%20OF%20REFUGEES%20FROM%20UKRAINE.pdf>
- UNHCR. (2023). “Lives on hold: Intensions and perspectives of refugees and IDPs from Ukraine – Regional Intentions Report #4.” July, 2023. <file:///C:/Users/81803/Downloads/UNHCR%20-%20LIVES%20ON%20HOLD%20%234%20-%20INTENTIONS%20AND%20PERSPECTIVES%20OF%20REFUGEES%20FROM%20UKRAINE.pdf>
- Ukraine Recovery Conference, “Ukraine Recovery Conference 2023 London Conference framework on War Risk Insurance in Ukraine.”
- United Nations Office for Disaster Risk Reduction (UNISDR). (2017). “Build Back Better -in recovery, rehabilitation, and reconstruction -2017 consultative version.” https://www.unisdr.org/files/53213_bbb.pdf
- United Nations e-nable. (2006, December 6). “Convention on the Rights of Persons with Disabilities.” https://www.un.org/disabilities/documents/convention/convention_accessible_pdf.pdf (Accessed: 2024/01/05)

Japanese Language

- Arai, Eizo. (2011). “Effects of the Great East Japan Earthquake on mental health.” [Higashinihon Daishinsai ga Oyobosu Mentaruherusu heno Eikyo.]. *Business Labor Trend*, 2011.7: 44-47. <https://www.jil.go.jp/kokunai/blt/backnumber/2011/07/044-047.pdf>
- Chen, Fengming. (2018). “Effects of the Great East Japan Earthquake on victim’s mental health.” [Higashinihon Daishinsaiga Hisaichijumin no Mentaruherusuni Oyobosu Eikyo.], *Journal of Household Economics* [Seikatsu Keizai Kenkyu], 47(2018.3): 115-127. https://www.jstage.jst.go.jp/article/seikatsukeizaigaku/47/0/47_115/_pdf/-char/ja
- NHK (Nippon Housou Kyokai), No One Left behind in Disaster [Saigai-Dare no Torinokosanai], NHK Welfare Information Website Heart Net [NHK Fukushi Jouhou Saito Hato Netto]. https://www.nhk.or.jp/heart-net/topics/19/data_shiboritsu.html (Accessed: 2023/12/27)
- United Nations Information Centre, Tokyo. Persons with Disabilities. [Syogai wo Motsu Hitobito.] <https://www.unic.or.jp/activities/humanrights/discrimination/disabled/> (Accessed: 2023/12/27)

Appendix

Japan's Recovery Experience

- [1] Cabinet Office, Government of Japan. (n.d.). "Great Hanshin-Awaji Earthquake – 'Build back better' Case studies list."
https://www.bousai.go.jp/kyoiku/fukko/shisai/hanshin_awaji_en.html (Accessed: 2024/01/17)
- [2] City Policy Bureau General Policy Department Policy Planning Section. (2021, April 1). "About Kumamoto-shi earthquake disaster revival plan."
https://www.city.kumamoto.jp.e.fm.hp.transer.com/hpKiji/pub/detail.aspx?c_id=5&id=13968&class_set_id=2&class_id=2441 (Accessed: 2024/01/10)
*PDF Documents on the page are written in Japanese.
- [3] Reconstruction Agency. (2011, August 11). "Basic Guidelines for Reconstruction in response to the Great East Japan Earthquake."
https://www.reconstruction.go.jp/topics/basic_guidelines_reconstruction.pdf (Accessed: 2024/01/17)
*Other related materials are also in "Related Documents," *Reconstruction Agency*.
https://www.reconstruction.go.jp/english/topics/Laws_etc/index.html
- [4] Yanase, Norihiko. (2018). "Land Readjustment and Post-Disaster Reconstruction in Japan," in Felipe Francisco De Souza, Takeo Ochi and Akio Hosono (eds.), *Land Readjustment: Solving Urban Problems Through Innovative Approach*. Tokyo, Japan: Japan International Cooperation Agency Research Institute: 63-73. https://www.jica.go.jp/Resource/jica-ri/publication/booksandreports/175nbg00000ltoak-att/LAND_READJUSTMENT_web.pdf
- [5] Tokyo Metropolitan Government. (2016). "Manual of Recovery Process for citizens of Metropolitan Tokyo" (revision) [Tokyoto Shinsai Fukkou Manual Fukkou Process Hen].
https://www.bousai.metro.tokyo.lg.jp/res/projects/default_project/page/001/000/404/purosesu.pdf

Persons with Disabilities in Disaster

- [6] Sendai-city Welfare Association For the Disabled. (2013). "Towards Future Together - Record of Activities after the Great East Japan Earthquake" [Tomoni Maehe Miraihe - Higashinohon Daishinsai no Torikumikiroku]. <https://www.shinsyou-sendai.or.jp/saigaiji/pdf/torikuminokiroku.pdf>
*Materials are all in Japanese.
- [7] City of Kobe. (2012). "Interviews with Persons with Disabilities after Great Hanshin-Awaji Earthquake" [Hanshin-Awaji Daishinsai Shinsai Syougaisya Shinsai Iji Jittaityousahoukokusyo (Mensetsu Tyousa)].

<https://www.city.kobe.lg.jp/documents/654/shinsaisyougaisya1.pdf>

*Materials are all in Japanese.

Persons with Disabilities in War

- [8] Kharkiv Institute of Social Research, League of the Strong, National Assembly of People with Disabilities, and European Disability Forum. (2023). “Rights of persons with disabilities during the war in Ukraine: Summary of monitoring.” February, 2023. <https://www.edf-feph.org/content/uploads/2023/02/PDF-Summary-of-monitoring-report-Rights-of-persons-with-disabilities-during-the-war-in-Ukraine.pdf>
- [9] League of the Strong. (n.d.). *The impact of the war on the rights of people with disabilities in Ukraine: monitoring report*. <https://ls.org.ua/en/researchen/the-impact-of-the-war-on-the-rights-of-people-with-disabilities-in-ukraine-monitoring-report/>
*Readers have to register by him/herself on the website above to read the report.
- [10] NHK Archives, “War and Persons with Disabilities” [Syogaisya to Sensou]. <https://www.nhk.or.jp/archives/sensou/special/shougai/> *Materials are all in Japanese.
- [11] Rushing, Elizabeth, Nawaf Kabbara, Veronica Ngum Ndi, and NG’AA Michael Mwendwa. (2023). “Persons with disabilities in armed conflict.” *Humanitarian Law & Policy*, July 13, 2023: 1-6. <https://blogs.icrc.org/law-and-policy/wp-content/uploads/sites/102/2023/07/Persons-with-disabilities-in-armed-conflict.pdf>
- [12] European Disability Forum. “Ukraine: Protection and safety of persons with disabilities and their families.” <https://www.edf-feph.org/ukraine/>
- [13] OCHA. (2023). *Ukraine Humanitarian Needs and Response Plan 2024 (December 2023)*. UN Office for the Coordination of Humanitarian Affairs.

Vietnam War

- [14] Anonymous. (2010, October 29). “Vietnam Experience Study.” *Centers for Disease Control and Prevention*. <https://www.cdc.gov/nceh/veterans/default1c.htm> (Accessed: 2024/01/10)
- [15] McFarlane, Alexander C. (2015). “The impact of war on mental health: lest we forget.” *World Psychiatry*, 14(3): 351-353. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4592659/pdf/wps0014-0351.pdf>
- [16] Volkers, Nancy. (2022, March 17). “Study finds ongoing mental health concerns for Vietnam Veterans.” *U.S. Department of Veterans Affairs*. <https://www.research.va.gov/currents/0322-Study-finds-ongoing-mental-health-concerns-for-Vietnam-Veterans.cfm> (Accessed: 2024/01/10)

United Nations

- [17] Department of Economic and Social Affairs -Social Inclusion-. “Disability.” *United Nations*. <https://social.desa.un.org/issues/disability>
- [18] United Nations International Strategy for Disaster Reduction. (2005). *Hyogo Framework for Action 2005-2015*. <https://www.unisdr.org/2005/wcdr/intergover/official-doc/L-docs/Hyogo-framework-for-action-english.pdf>
- [19] United Nations Office for Disaster Risk Reduction. (2015). *Sendai Framework for Disaster Risk Reduction 2015-2030*. <https://www.undrr.org/publication/sendai-framework-disaster-risk-reduction-2015-2030>
- [20] United Nations Office for Disaster Risk Reduction. (2017). *Build Back Better -in recovery, rehabilitation, and reconstruction -2017 consultative version*. https://www.unisdr.org/files/53213_bbb.pdf
- [21] United Nations. (2006). “Convention on the Rights of Persons with Disabilities.” <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>

Presentation Materials

連帯と祈り

はらから
ウクライナの障害のある同胞へ



Солидарність та молитва

За товаришів із обмеженими
можливостями в Україні.

戦争は、障害者を邪魔ものにする
戦争は、障害者を置き去りにする
戦争は、優生思想をかきたてる
大量の障害者をつくり出す最大の悪、それが戦争

Війна виключає нас, людей з

обмеженими можливостями, зі шляху.

Війна залишає нас, людей з обмеженими
можливостями позаду.

Війна живить євгенічну ідеологію.

Найбільше зло, яке породжує
величезну кількість інвалідностей –
це війна.



朝一番のニュースを恐る恐る
キエフの包囲網がまた狭まった
教会も文化財も悲鳴を上げて崩れ落ちる
禁じ手が反古にされ原子力発電所から火の手

Щоранку з жахом і страхом дивлячись
перші новини,
ми дізнаємося, що облога Києва знову
звужилася,

З криком руйнуються церкви та пам'ятки культури.
Жодні розумні заборони скасовані
ними, і вогонь виривається з
ядерних установок.



殺し合いでなく話し合いを
侵攻でなく停戦を
停戦でなく平和を
青い空と黄色の豊作に似合うのは平和

Не треба вбивати один одного, а треба
говорити один з одним.

Бажаємо припинення вогню, а не
вторгнення.

Бажаємо повного та вічного миру, а не простого
та тимчасового припинення вогню.

Мир найкраще гармує з
блакитним небом та золотисто-
жовтим урожаєм.



私たちは祈ります
西北西の方角をじっとみつめながら
心の中から希望が切り離されないように
とにかく生き延びてほしい



Мы молимося за вас,
Дивлячись у напрямку захід-північний
захід,
Нехай ваші надії ніколи не згаснуть у ваших
серцях.
Ми сподіваємося, що ви все одно
виживете.

もう一度くり返す
とにかく生き延びてほしい
たとえ、食べ物盗んでも
たとえ、敵兵に救いを乞うてでも



Повторячим ще раз.
Ми хочемо, щоб ви вижили у будь-якому
випадку,
Навіть якщо вам доведеться красти їжу,
Навіть якщо вам доведеться благувати
про допомогу ворожих солдатів.

戦争は、障害をたちどころに重くする
戦争は、障害者の尊厳を軽々と奪い去る
戦争は、障害者の明日を真っ黒に塗りたくる
早いうちに、否、この瞬間に終わらせなければ



Війна робить інвалідність важчою за
короткий час.
Війна, без найменшого натяку на вину,
позбавляє нас людської гідності.
Війна чорнить майбутнє людей із
обмеженими можливостями.
Вона повинна закінчитися скоро, ні,
в цей момент.

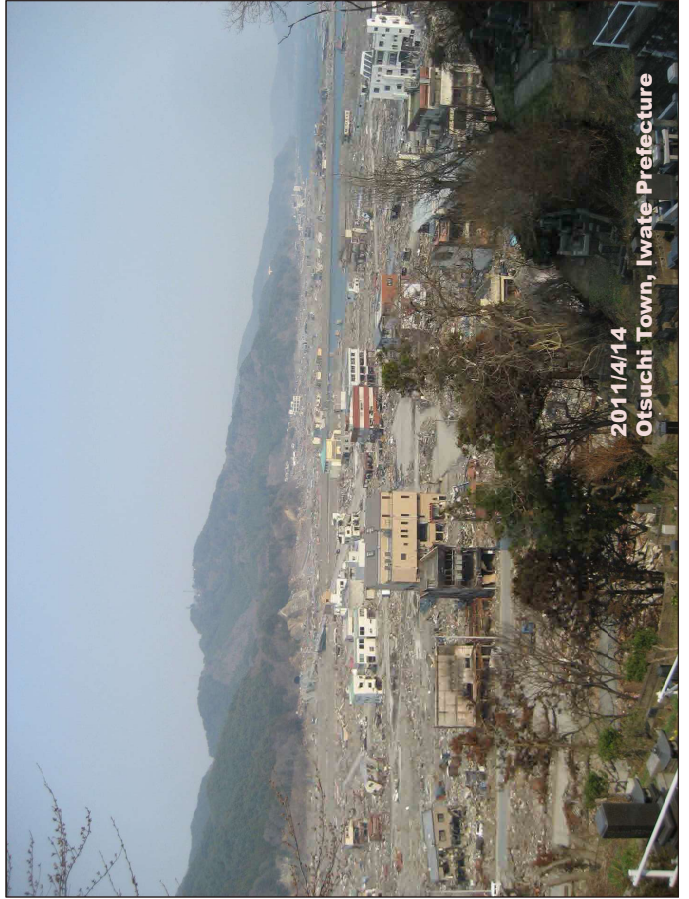
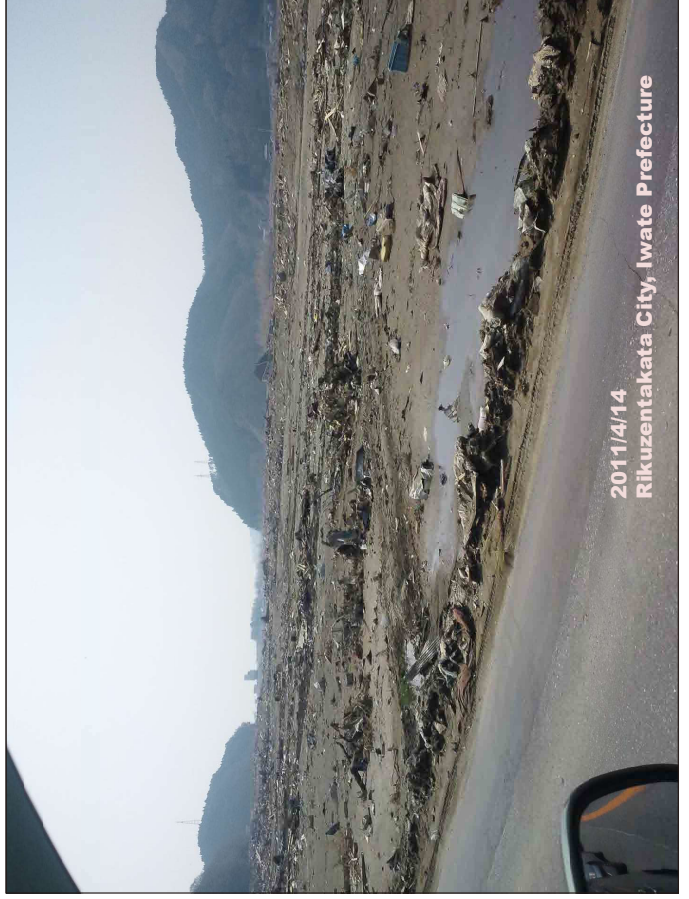
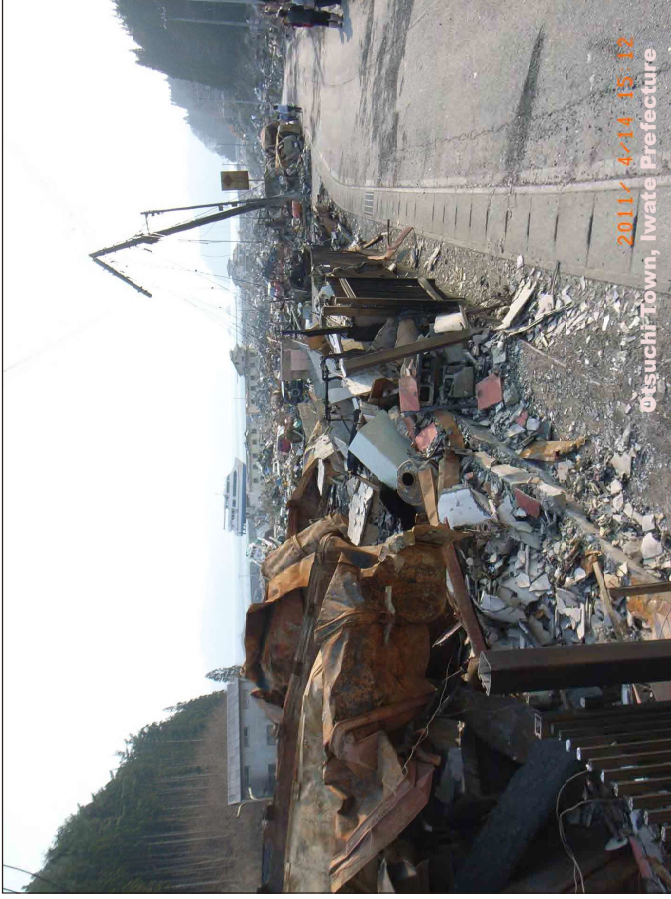
遠い遠い、でも魂はすぐ傍の日本より
Як би далеко, далеко не знаходилися,
наші парфуми поруч, з Японії.

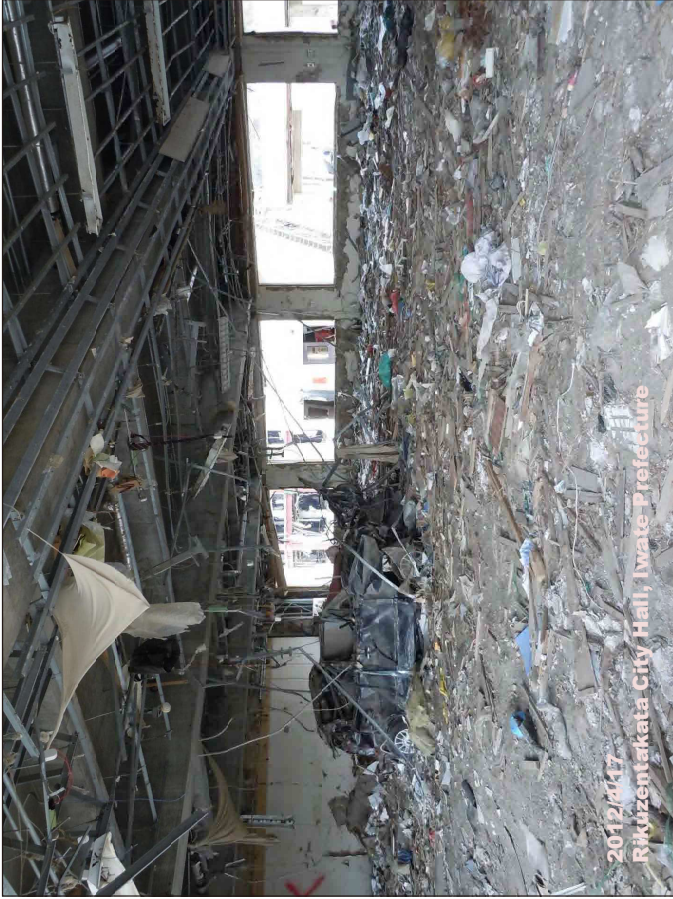


ふじいかつのもり (NPO 法人日本障害者協議会)
Кацунори Фудзії (НКО "Японська рада з
питань інвалідностей")

Photos showed in the lecture

-Pictures of affected area
1 month after
Great East Japan Earthquake-





Community Development through Disaster Nursing

Kanbara Sakiko

Professor, Disaster Nursing/International Nursing, Kobe City College of Nursing
 Special Appointed Professor, University of Kochi
 Representative Director, EpiNurse
 Director of the Japan Society of Disaster Nursing
 Member of the Disaster Prevention Academic Collaboration

神戸市看護大学

HISTORY OF DISASTER NURSING

1854-56	The Crimean War: Care by Florence Nightingale	Numerous relief efforts by nurses
1888	Mt. Bandai volcanic eruption	Red Cross dispatch system
1955	Great Hamamshi-Awai Earthquake Tokyo subway sarin incident	Disaster Nursing Network receives national research funding
1997	1997 Establishment of the Japanese Society of Disaster Nursing	community volunteer nurse Town health room
2003-06	Center of Excellence (COE) Program "Disaster Nursing in a Ubiquitous Society in University of Hyogo"	Undergraduate Education: Japanese Nursing Association Disaster Support Nurse
2009	Disaster Nursing Competency Framework by the International Association of Nurses	PhD: Global leader
2010	World Disaster Nursing Society launched	MSc: Professional Nursing (CNS)
2011	Great East Japan Earthquake (GEJE)	University researcher: Society of Disaster Nursing, Community Disaster Mitigation Nurse
2015	Sustainable Development Goals, Sendai Framework for Disaster Risk Reduction, Paris Agreement	
2018	Heavy rain in western Japan	

OUTLINE OF THE SYSTEM FOR DISPATCHING NURSING SUPPORT PERSONNEL INVOLVED IN NATURAL DISASTER AND INFECTIOUS DISEASE SUPPORT

Disaster relief Nurse

A: General remarks (lecture) + Attend all the programs

B: Disaster Theory (lecture) + Completion of training (Listing of those who have completed)

C: Infectious Disease Theory (lecture) +

D: lecture + Disaster (field work)+ Infectious Disease (field work)

Disaster Nurse Training Program
 (Provides integrated disaster and infectious disease programs)

Disaster relief Nurse

Nursing professionals working in medical institutions

Disaster and infectious disease medical service workers

Nursing professionals working in non-medical institutions

Potential Nurses

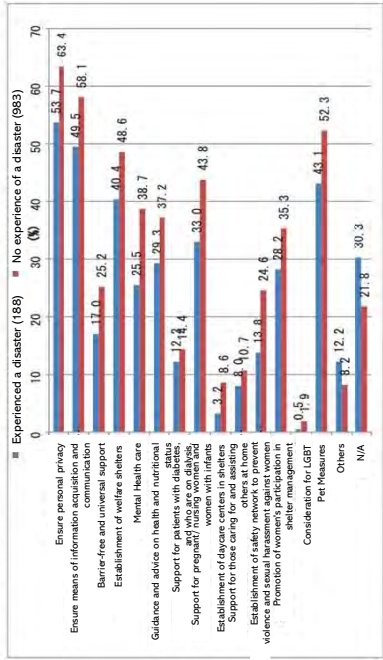
Outbreak or spread of a disaster or infectious disease

Support Dispatch (Nurse enrollment and secondment)

Japanese Evacuation Shelter

- With COVID -19
- Stigma and Infodemics
- Physical Distancing
- difficult to move
- social connections
- Arranging preventive supplies
- Third problem from double burden

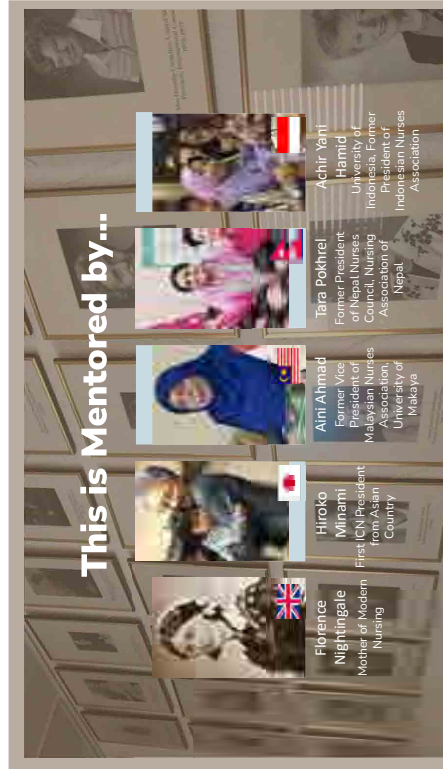
図表 25 被災経験の有無別、避難所運営に関する手引き・マニュアルに記述がある市町村の比率



Percentage listed in local government evacuation guidelines nationwide

Source: Report on 2017 Survey on Disaster Prevention and Disaster Risk Reduction Measures from the Perspective of Women and Local Residents

YUKO KURODA



This is Mentored by...

Florence Nightingale
Mentor of Modern Nursing
Nursing
United Kingdom

Hiroko Minami
First ICN President from Asian Country
Japan

Aimi Ahmad
Former Vice President of Malaysian Nurses Association, University of Malakaya
Malaysia

Tara Pokhrel
Former President of Nepal Nurses Council, Nursing Association of Nepal
Nepal

Achir Yahi Hamid
University of Indonesia, Former President of Indonesian Nurses Association
Indonesia

What outside supporters don't know within culture, society, and institutions



Disaster >>> Social x Latent >>> Multiple

Disaster nursing = basic nursing (care) x global health

The keyword is "Create together with the community"

What do you need when a disaster occurs?

- Escape from a disaster
- Protect life and health
- Organize the surrounding living environment

Supporters are...

- First Aid &
- Mental health care
- Ensuring meals, toilets, baths, etc.

DISASTER NURSING REAFFIRMS LOCAL HEALTH PROMOTION

"A process that enables people to control and improve their health."

Achieving the state of physical, mental, and social well-being that defines health

= Individuals and groups need to clarify their desires, meet their needs, and adapt to their environments to realize it.

Figure 3.1 health care matrix on Disaster Risk Reduction

Nursing Greatness in Every Country

People live with risks. We need to consider how to apply and coexist in the future. In nursing, it is important not only to prepare for disasters but also to provide safety and security.

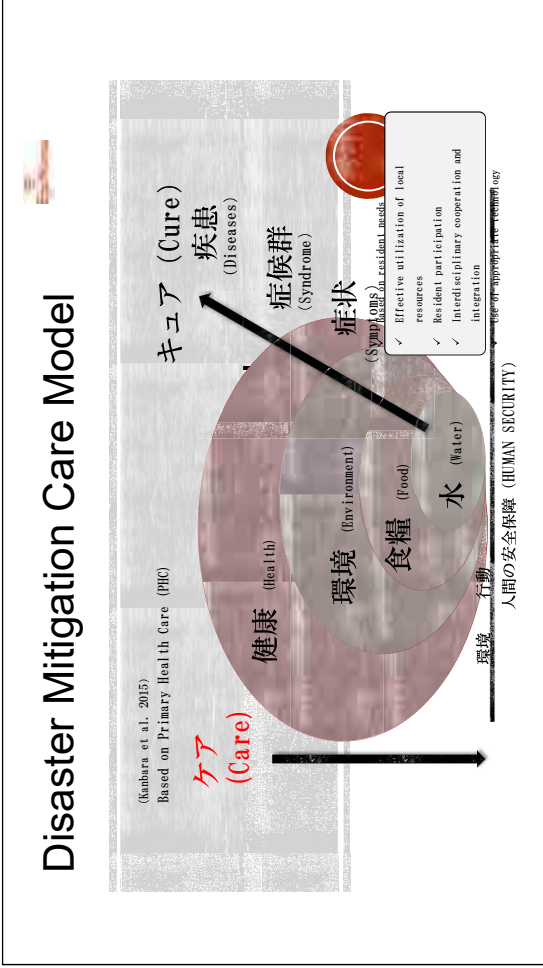
Our Proposal: Insights Guide How to Care?



1. **Understanding Priority**
 - ▶ Distinguish between people's intentions and passivity.
2. **Priority Identification**
 - ▶ Clarify the background situation as a relation.
3. **Risk Calculation**
 - ▶ Understand the conditions necessary to maintain autonomy.
4. **Steady State of Care**
 - ▶ The safe base to stay free should be the natural.

Disaster Mitigation Care Model

(Banbara et al., 2015)
Based on Primary Health Care (PHC)

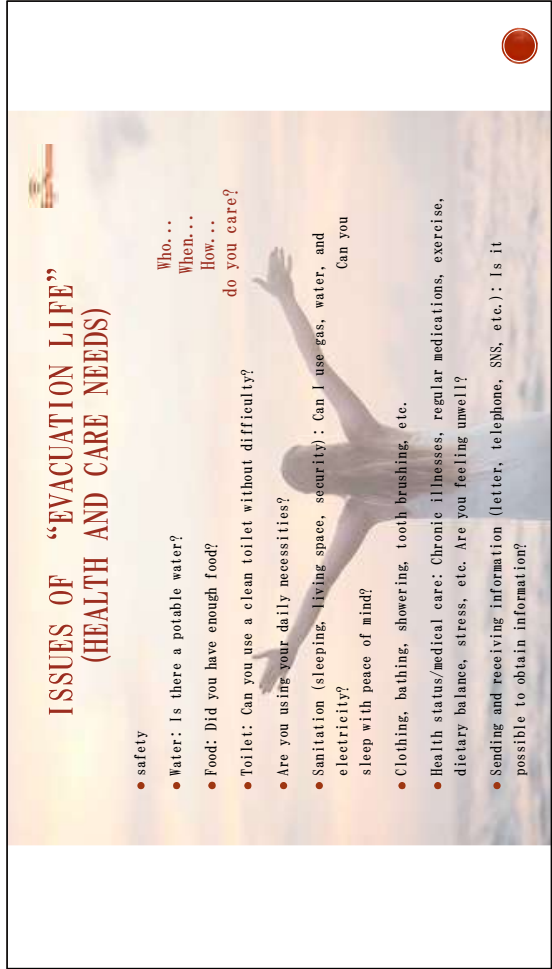


環境の安全保障 (HUMAN SECURITY)

ISSUES OF “EVACUATION LIFE” (HEALTH AND CARE NEEDS)

- safety
- Water: Is there a potable water?
- Food: Did you have enough food?
- Toilet: Can you use a clean toilet without difficulty?
- Are you using your daily necessities?
- Sanitation (sleeping, living space, security): Can I use gas, water, and electricity?
- sleep with peace of mind?
- Clothing, bathing, showering, tooth brushing, etc.
- Health status/medical care: Chronic illnesses, regular medications, exercise, dietary balance, stress, etc. Are you feeling unwell?
- Sending and receiving information (letter, telephone, SNS, etc.): Is it possible to obtain information?

Who...
When...
How...
do you care?



People **outside** the shelter

Mutual assistance in disaster prevention capabilities are needed.

>> **The 3 Cs of human relationships are, compassion, caring and communication.**





Outside the disaster site <>
Support <> support
Practice <> Theory
Certainty <> Uncertainty

POLITICS

- Russian politician, press secretary, diplomat (President Putin, former President Medvedev, former President Yeltsin)
- Russian organizations (FSB, SVR)
- Russian facilities (Nord Stream, South Stream)
- Ukrainian politicians, spokespersons and diplomats (President Zelensky, Prime Minister Shmyhal, Foreign Minister Kuleba, Former Prime Minister Tymoshenko, Governor of the Central Bank of the Russian Federation Nabullina)
- Foreign leaders (Prime Minister Kishida, former Prime Minister Abe, President Biden, former President Trump, Pope Francis, Kadyrov)
- Political change (coup, terrorism, assassination, demonstration (anti-war, stop Putin), revolution, rebellion)
- Policy (NATO) Reporting (news organizations, reporters, journalists)



PHYSICAL INFRASTRUCTURE

- Infrastructure (power outage, gas, water, sewage, power plants (thermal power, hydropower, nuclear power), bridges, tunnels, roads)
- Transportation (train, car, bus, motorbike, airport, plane, delay, ship)



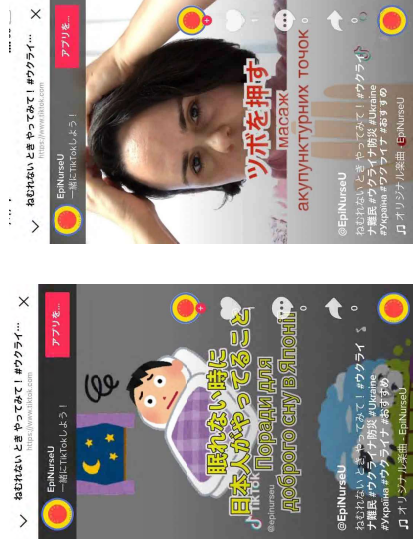
HUMAN THREATS

- Combat (vehicles tanks, combat helicopters, fighters, bombers, battleships, drones)
- Weapons (rifles, guns, ammunition, machine guns, grenades, bombs, slingers, javelins, poison gas, nukes, radars)
- Soldiers (Soldiers, Infantry, Engineers, Snipers, Troops, Spetsnaz, Foreign Mercenaries, Academy, Spetsnaz, "спецназ" – special forces)
- Combat (explosion, gunfire, bombing, capture)
- Others (prisoners of war, surrender, capture)



PEOPLE'S LIVES

- Life (water, food, toilet)
- Vulnerable people (women, children), unarmed)
- relief (rescue, isolation, evacuation, refugee, help)
- Medical care/injuries (wounds, fractures, minor injuries, severe injuries)



Exon/Virtual Shelter
by Nursing within STTLX

Onsite Learning on Community Health

When thinking about the future of disaster risk reduction, it is imperative to engage youth groups.

The coming generation of digital natives are accustomed to open and equal communication. They are more time-effective than cost-effective, and tend to respect diverse values and perspectives.

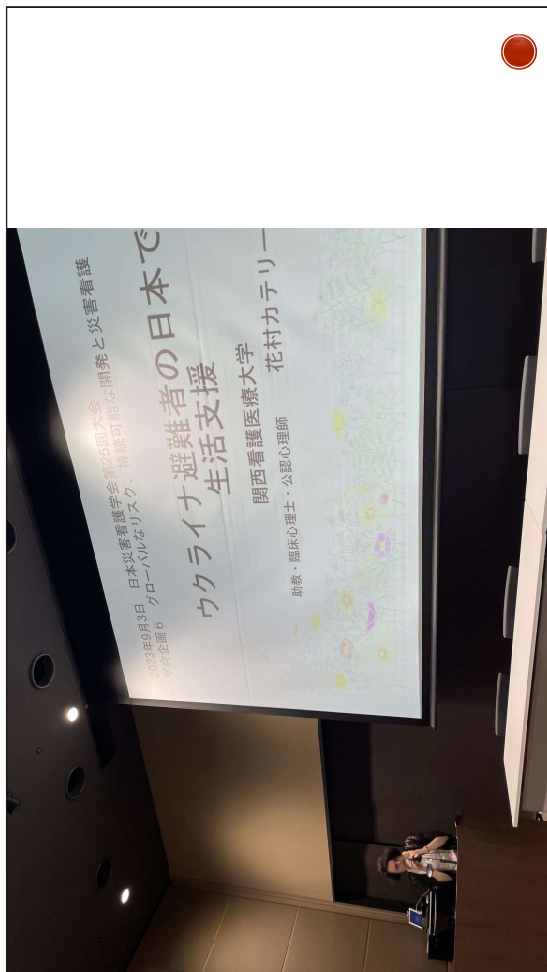
Reflecting the voices of diverse youth who believe that an inclusive society is desirable will contribute to the sustainability of the region.



Improve skills in solving social issue through Project Based Learning

Building relationships through Sustained offline Activities





THE 8TH INTERNATIONAL RESEARCH CONFERENCE OF WORLD SOCIETY OF DISASTER NURSING

Rethinking Primary Health Care to Social Innovation in the Changing Risk Landscape

【Period】 November 29 (Fri) -30 (Sat), 2024
 +December 1 (Sun) Excursion (optional)

【Venue】 Kobe City College of Nursing (3-4 Gakuen Nishimachi, Nishi-ku, Kobe)
 Approximately 35 minutes from JR Shin-Kobe Station, 2 hours from Kansai International Airport

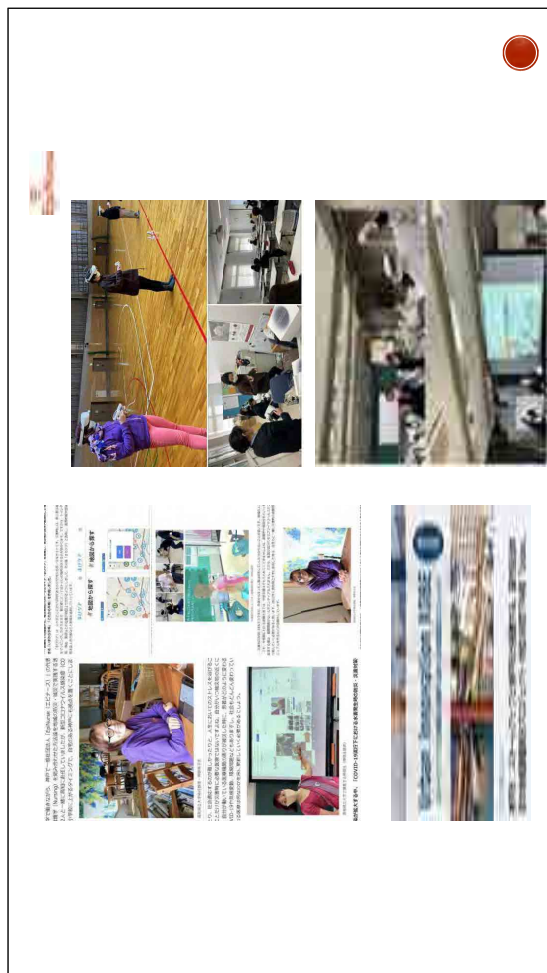
【Conference Schedule (Draft)】
 November 29 (Fri) Workshop, Training, Preparatory discussion
 November 30 (Sat) Main Session (Keynote Speech, etc.)
 Thematic session, Exhibition, etc. (Reception)

December 1 (Sun) Excursion, experience DRR culture in Japan (optional)

【Expected number of participants】 Local: 200+ from global (+ online viewing)

【Chair】 Sakiko Kanbara, RN, PhD (Professor, Kobe City College of Nursing / Board, the Japan Society of Disaster Nursing)

Save the date!
Call for the proposal soon.







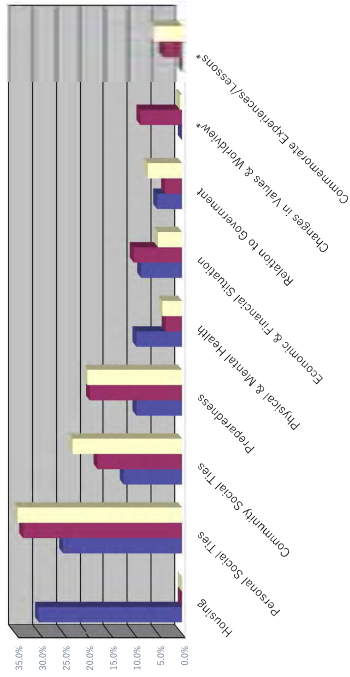
The 2003/2004 Grass-root Assessment Workshops on Life Recovery (10 years after EQ)



Tatsuki, Shigeo. 2007. "Long-Term Life Recovery Processes among Survivors of the 1995 Kobe Earthquake: 1999, 2001, 2003, and 2005 Life Recovery Social Survey Results." *Journal of Disaster Research* 2 (6): 484-501. <https://doi.org/10.20965/jdr.2007.p0484>.



Proportion of Life Recovery Categories in 1999, 2003 and 2004 Workshops



* are new categories

Tatsuki, Shigeo. 2007. "Long-Term Life Recovery Processes among Survivors of the 1995 Kobe Earthquake: 1999, 2001, 2003, and 2005 Life Recovery Social Survey Results." *Journal of Disaster Research* 2 (6): 484-501. <https://doi.org/10.20965/jdr.2007.p0484>.

The 2001-2003-2005 Hyogo Life Recovery Panel & Cross-Sectional Surveys

Tatsuki, Shigeo. 2007. "Long-Term Life Recovery Processes among Survivors of the 1995 Kobe Earthquake: 1999, 2001, 2003, and 2005 Life Recovery Social Survey Results." *Journal of Disaster Research* 2 (6): 484-501. <https://doi.org/10.20965/jdr.2007.p0484>.

Table 1. Life Recovery Scale: the degree of how much one feels like he/she is no longer a disaster victim

Life satisfaction	Answer key
Life satisfaction	Answer key
1. Daily life	1. Much increased
2. Your health	2. Somewhat increased
3. Your neighborhood	3. About the same
4. Current household	4. Somewhat decreased
5. Home life	5. Much decreased
6. Your job	
7. Weekend days you enjoy	
8. Your family	
9. Your friends	
10. Your life	
11. Your future	
12. Your life in general	
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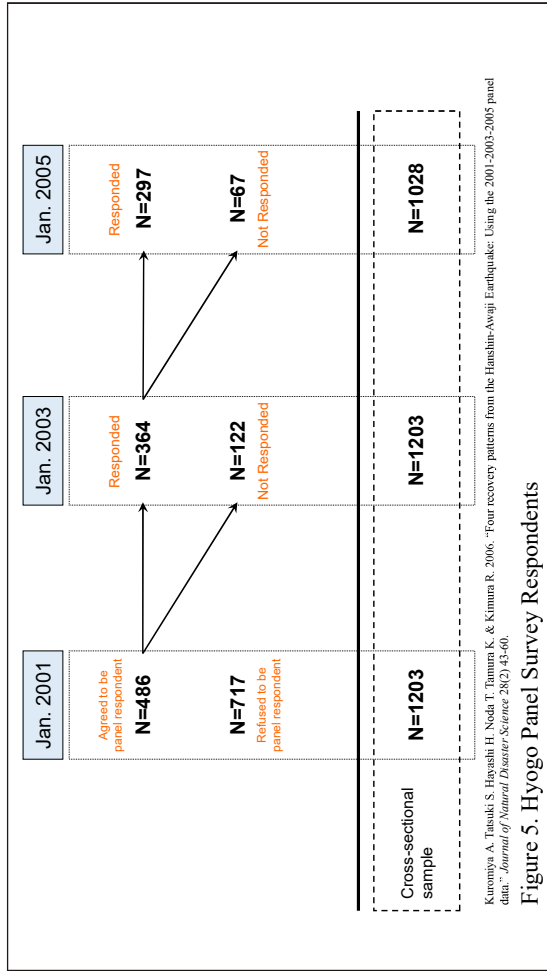


Figure 5. Hyogo Panel Survey Respondents

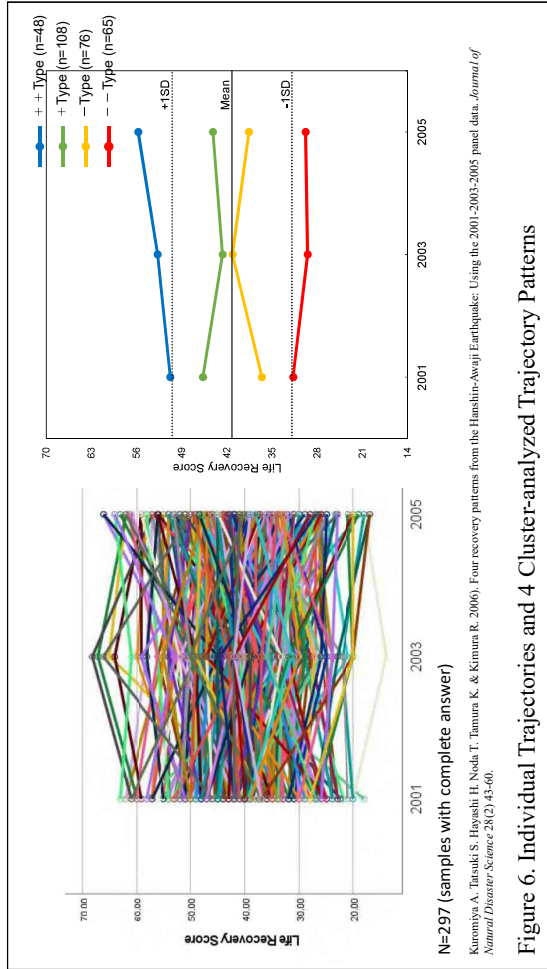


Figure 6. Individual Trajectories and 4 Cluster-analyzed Trajectory Patterns

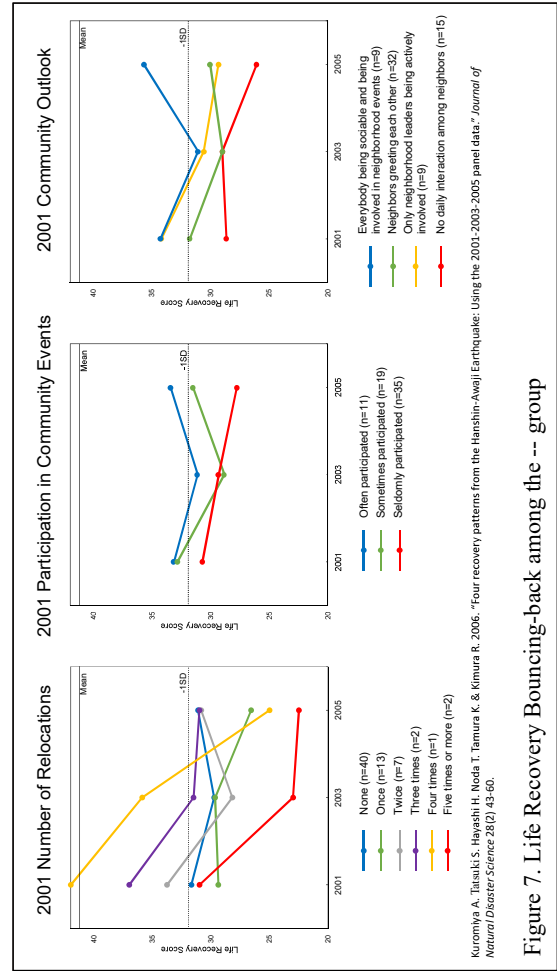


Figure 7. Life Recovery Bouncing-back among the -- group

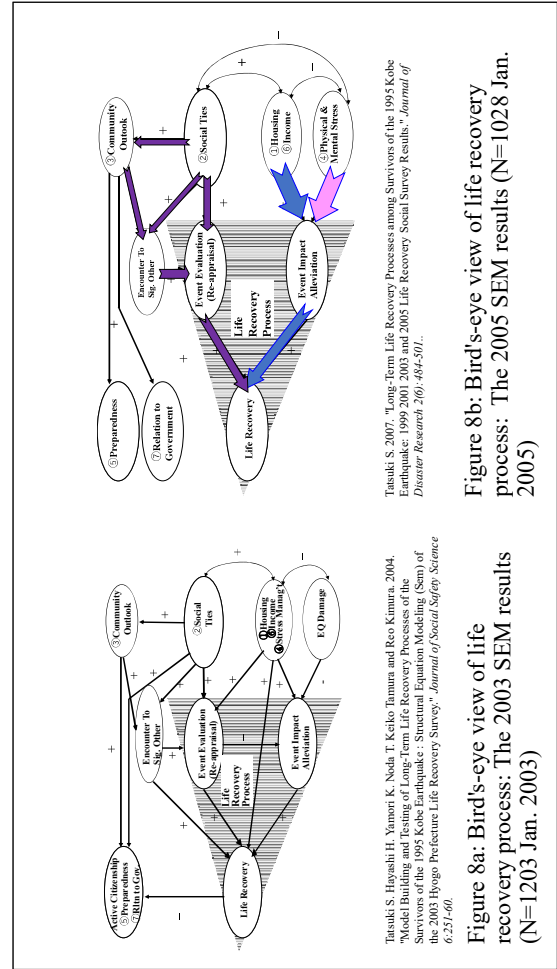
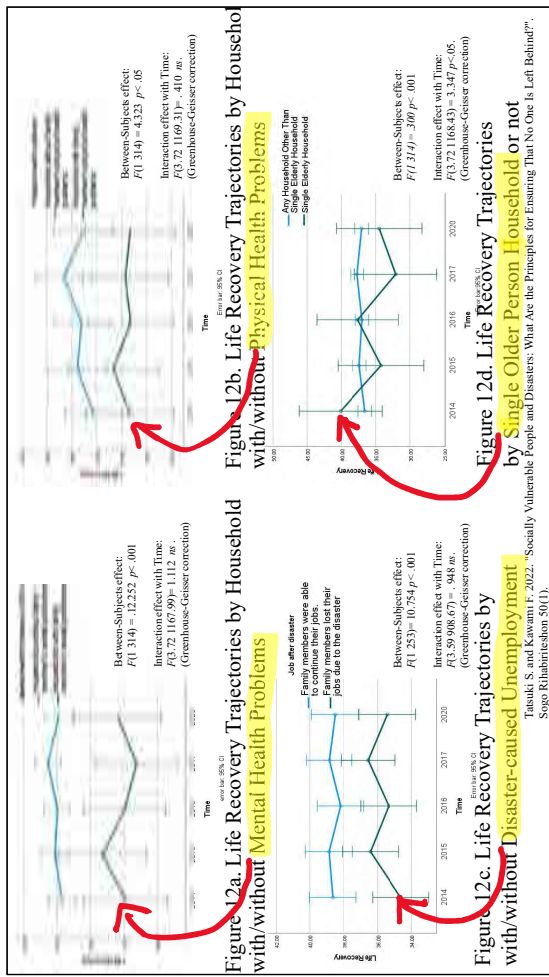
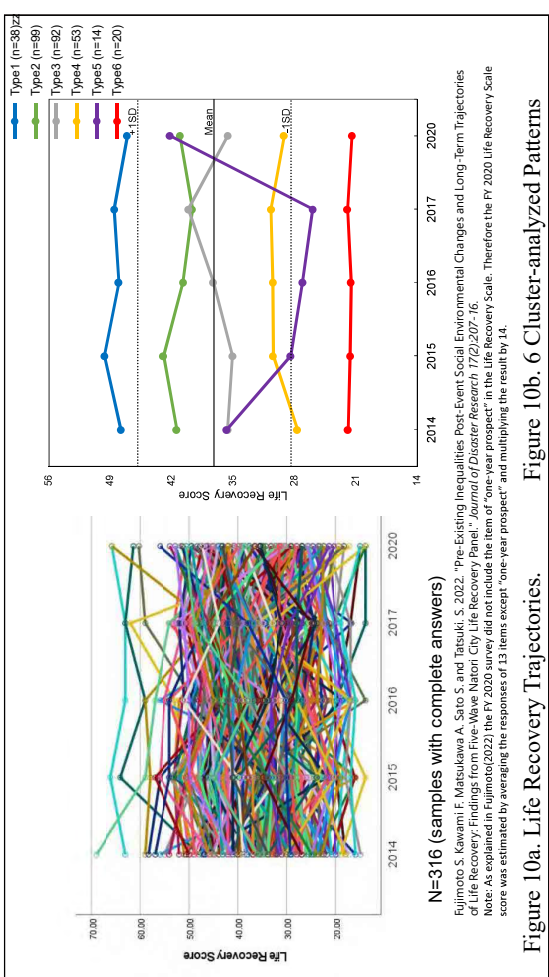
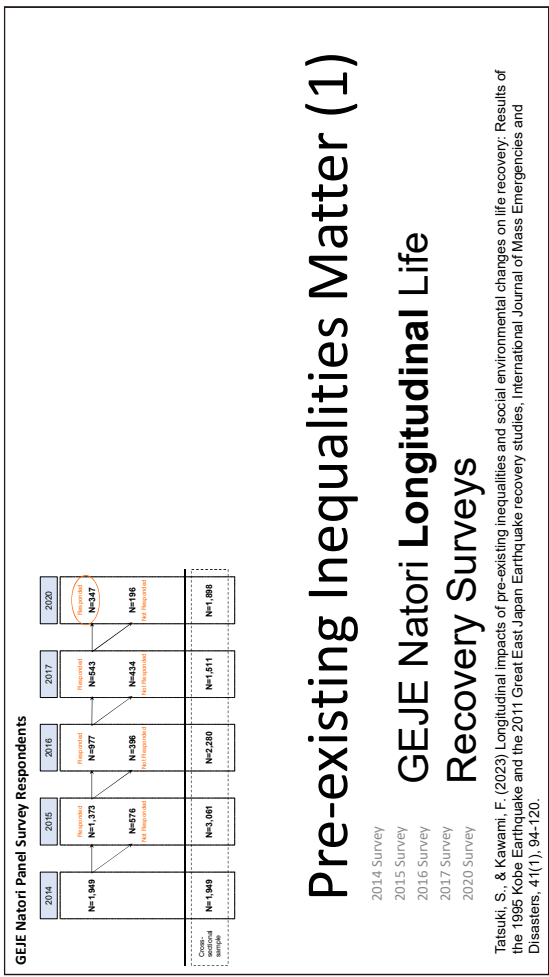
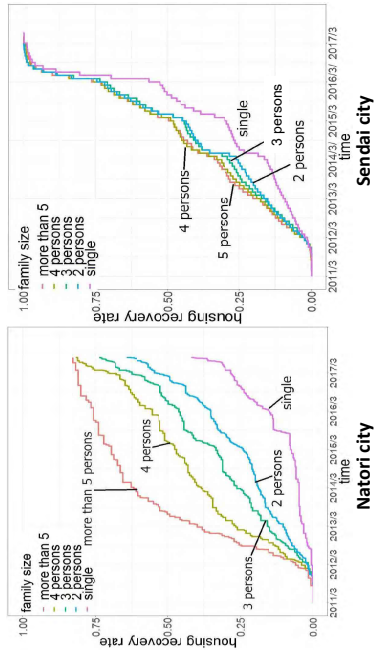


Figure 8a: Bird's-eye view of life recovery process: The 2003 SEM results (N=1203 Jan. 2003)

Figure 8b: Bird's-eye view of life recovery process: The 2005 SEM results (N=1028 Jan. 2005)

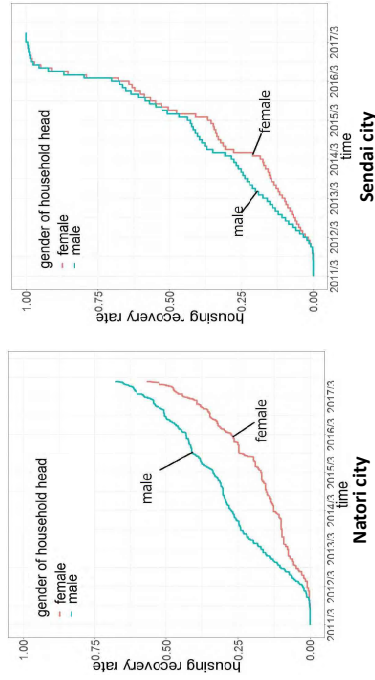


Housing Recovery by Household Size: Natori vs. Sendai



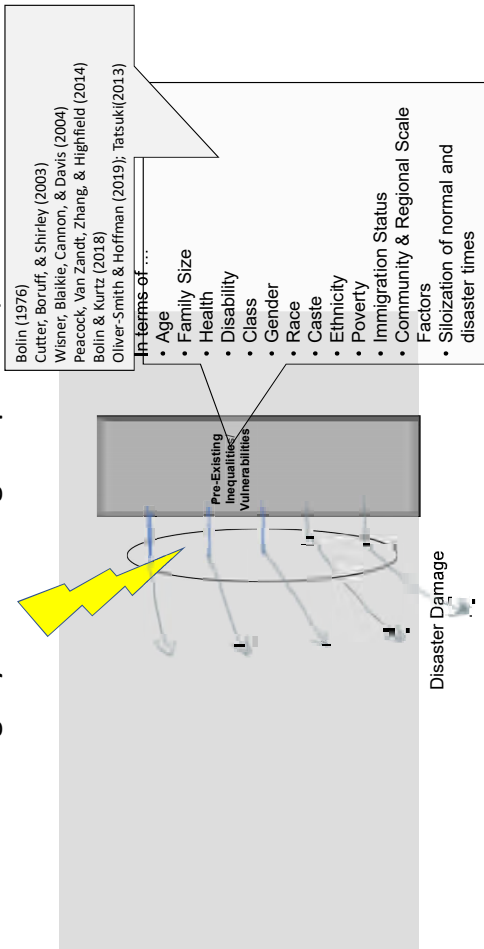
Tatsuki, S., & Kawami, F. (2023) Longitudinal impacts of pre-existing inequalities and social environmental changes on life recovery: Results of the 1995 Kobe Earthquake and the 2011 Great East-Japan Earthquake recovery studies, International Journal of Mass Emergencies and Disasters, 41(1), 94-120.

Housing Recovery by Gender of Household Head: Natori vs. Sendai



Tatsuki, S., & Kawami, F. (2023) Longitudinal impacts of pre-existing inequalities and social environmental changes on life recovery: Results of the 1995 Kobe Earthquake and the 2011 Great East-Japan Earthquake recovery studies, International Journal of Mass Emergencies and Disasters, 41(1), 94-120.

Disasters Magnify Pre-existing Inequalities/Vulnerabilities



GEJE Natori Panel Survey Respondents

Year	Household	Individual
2014	N=1,949	N=1,949
2015	N=1,273	N=3,081
2016	N=977	N=2,230
2017	N=643	N=1,511
2020	N=527	N=1,189

*Household
 *Individual
 *Lost Household
 *Lost Individual

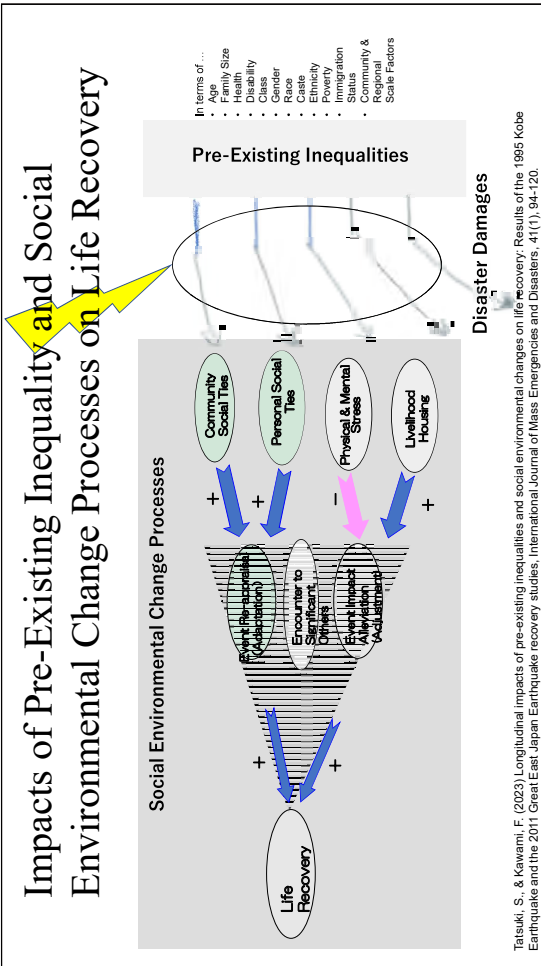
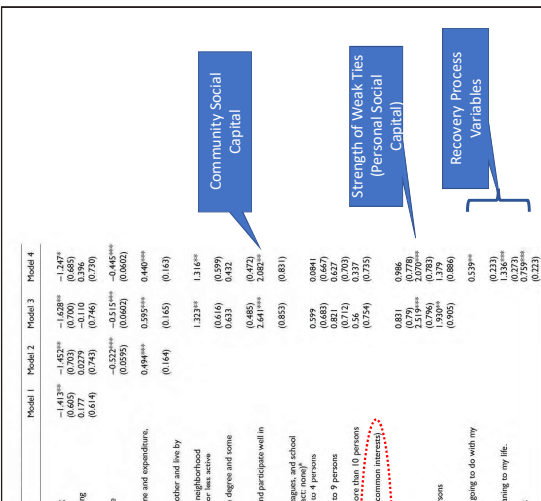
Post-event Social Environmental Changes also Matter

GEJE Natori Longitudinal Life Recovery Surveys

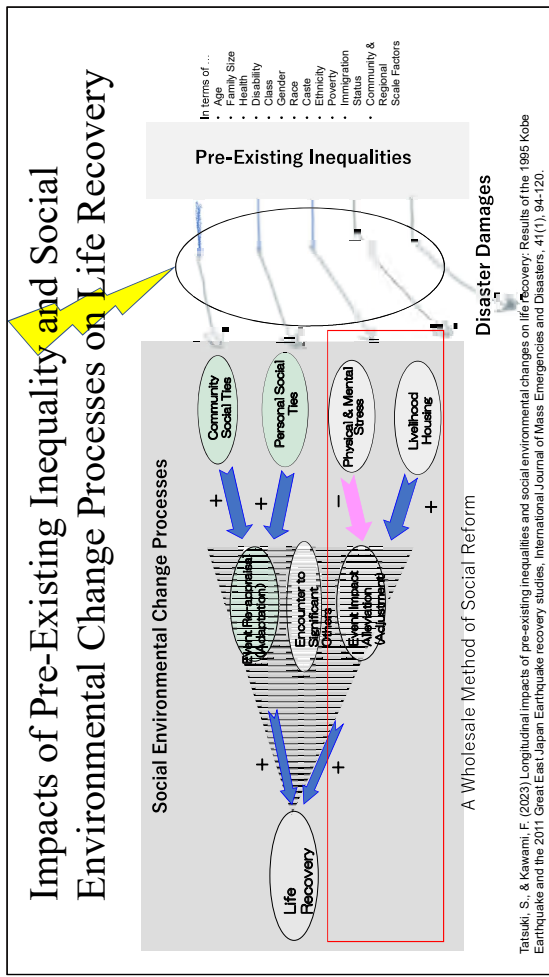
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Table 2. Medial effect model analyses of fire-worse period data.

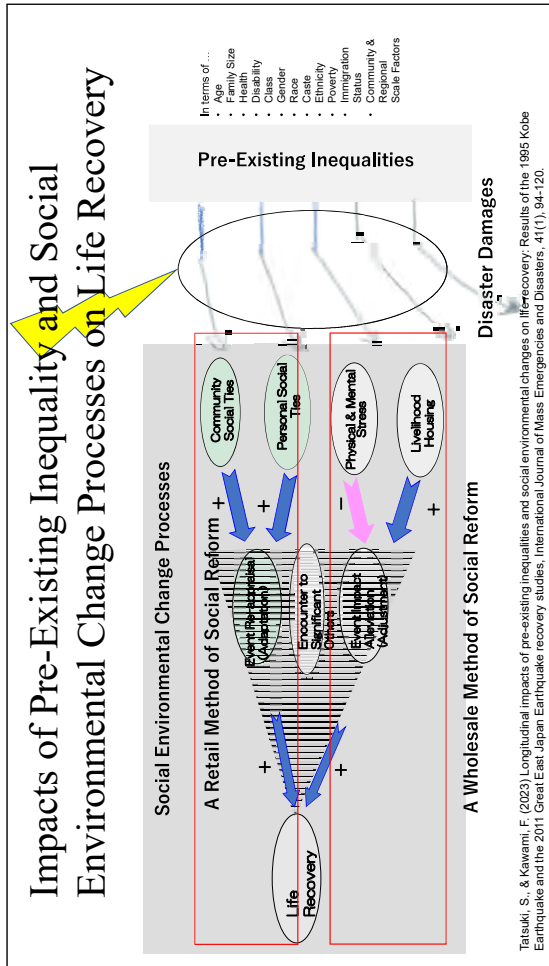
Social Capital	Model 1	Model 2	Model 3	Model 4
Housing (NEF permanent housing)	-1.43*** (0.65)	-1.452*** (0.703)	-1.28*** (0.700)	-1.247** (0.683)
Predicted temporary housing	0.77** (0.34)	0.279 (0.74)	-1.10 (0.74)	0.39 (0.75)
Physical and mental stress	0.52*** (0.15)	0.52*** (0.15)	0.465*** (0.15)	0.465*** (0.15)
Livelihood	0.494*** (0.164)	0.495*** (0.165)	0.49*** (0.163)	0.49*** (0.163)
Community outdoor gear, residents do not socialize with each other and live by themselves, and leads	1.323*** (0.64)	1.323*** (0.64)	1.316*** (0.64)	1.316*** (0.64)
Residents do not socialize but neighborhood representatives seem more or less active	0.63 (0.48)	0.63 (0.48)	0.63 (0.48)	0.63 (0.48)
Residents socialize to a certain degree and some greet each other	2.641*** (0.83)	2.641*** (0.83)	2.641*** (0.83)	2.641*** (0.83)
Residents socialize very often and participate well in community events	0.99 (0.68)	0.99 (0.68)	0.99 (0.68)	0.99 (0.68)
Personal social ties (Kith and Kin, i.e., neighbors, relatives, colleagues, and school friends having daily small talk) (# of people in daily contact: none/1, 1-4, 5-9 persons)	0.81 (0.79)	0.81 (0.79)	0.81 (0.79)	0.81 (0.79)
# of people in daily contact: 5 to 9 persons	2.519*** (0.77)	2.519*** (0.77)	2.519*** (0.77)	2.519*** (0.77)
# of people in daily contact: 1, 1-4 persons	1.929** (0.90)	1.929** (0.90)	1.929** (0.90)	1.929** (0.90)
Personal social ties (acquaintances through hobbies, clubs, and common interests) (# of people: none/1, 1-4 persons)	0.56 (0.75)	0.56 (0.75)	0.56 (0.75)	0.56 (0.75)
# of people: 5 to 9 persons	0.81 (0.68)	0.81 (0.68)	0.81 (0.68)	0.81 (0.68)
# of people: 1 to 4 persons	2.519*** (0.77)	2.519*** (0.77)	2.519*** (0.77)	2.519*** (0.77)
# of people more than 10 persons	1.929** (0.90)	1.929** (0.90)	1.929** (0.90)	1.929** (0.90)
I have a good idea of what I'm going to do with my life.	0.539*** (0.15)	0.539*** (0.15)	0.539*** (0.15)	0.539*** (0.15)
I feel strongly that there is meaning to my life.	0.273 (0.22)	0.273 (0.22)	0.273 (0.22)	0.273 (0.22)
I had a life-changing encounter.	0.223 (0.22)	0.223 (0.22)	0.223 (0.22)	0.223 (0.22)



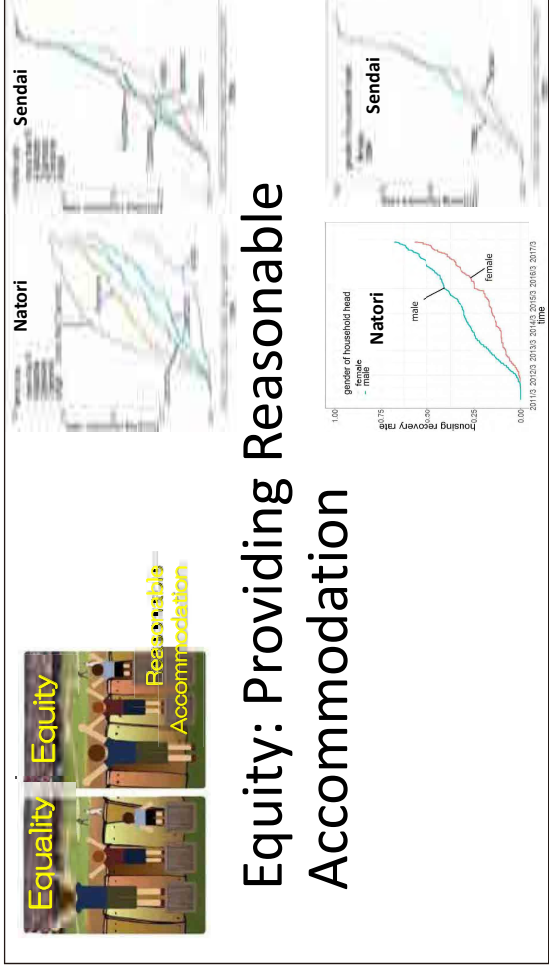
Tatsuki, S., & Kawami, F. (2023) Longitudinal impacts of pre-existing inequalities and social environmental changes on life recovery. Results of the 1995 Kobe Earthquake and the 2011 Great East-Japan Earthquake recovery studies. International Journal of Mass Emergencies and Disasters, 41(1), 94-120.



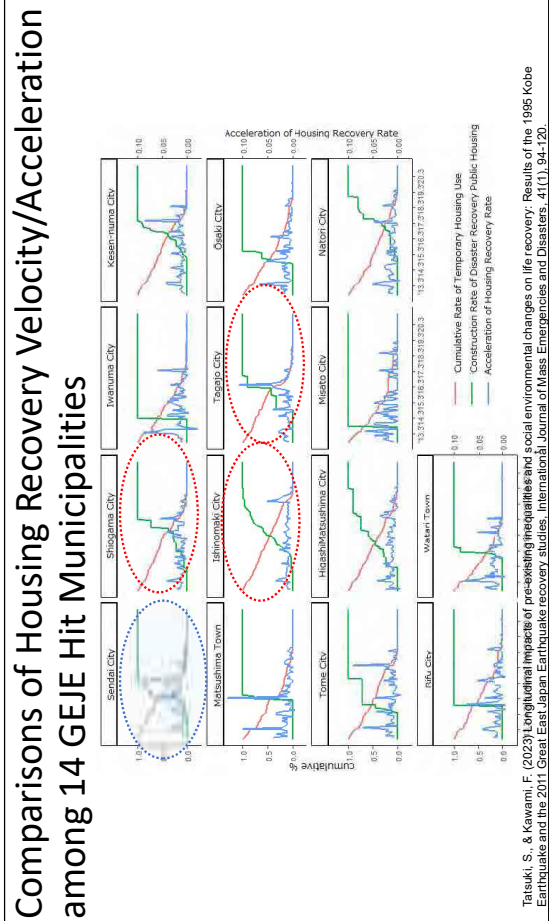
Tatsuki, S., & Kawami, F. (2023) Longitudinal impacts of pre-existing inequalities and social environmental changes on life recovery. Results of the 1995 Kobe Earthquake and the 2011 Great East-Japan Earthquake recovery studies. International Journal of Mass Emergencies and Disasters, 41(1), 94-120.



Tatsuki, S., & Kawami, F. (2023) Longitudinal impacts of pre-existing inequalities and social environmental changes on life recovery. Results of the 1995 Kobe Earthquake and the 2011 Great East-Japan Earthquake recovery studies. International Journal of Mass Emergencies and Disasters, 41(1), 94-120.

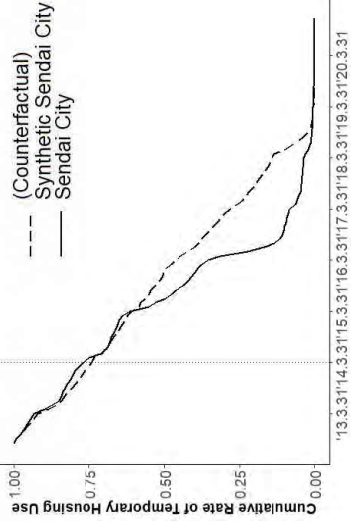


Equity: Providing Reasonable Accommodation



Tatsuki, S., & Kawami, F. (2023) Longitudinal impacts of pre-existing inequalities and social environmental changes on life recovery. Results of the 1995 Kobe Earthquake and the 2011 Great East Japan Earthquake recovery studies. International Journal of Mass Emergencies and Disasters, 41(1), 94-120.

Causal Inference (Synthetic Control Method) of Disaster Case Management on Housing Recovery in Sendai City



Tatsuki, S., & Kawami, F. (2023) Longitudinal impacts of pre-existing inequalities and social environmental changes on life recovery. Results of the 1995 Kobe Earthquake and the 2011 Great East Japan Earthquake recovery studies. International Journal of Mass Emergencies and Disasters, 41(1), 94-120.

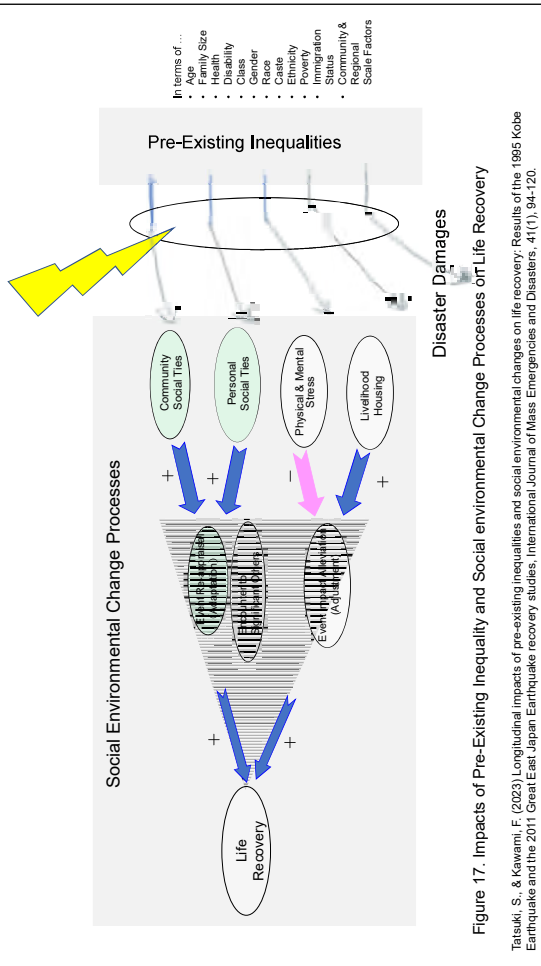


Figure 17. Impacts of Pre-Existing Inequality and Social environmental Change Processes on Life Recovery

Tatsuki, S., & Kawami, F. (2023) Longitudinal impacts of pre-existing inequalities and social environmental changes on life recovery. Results of the 1995 Kobe Earthquake and the 2011 Great East Japan Earthquake recovery studies. International Journal of Mass Emergencies and Disasters, 41(1), 94-120.

Disaster Risk Reduction and Build Back Better, in line to UN Sendai Framework and for Ukraine



2023/11/07

TAKEYA Kimio takeya.kimio@jica.go.jp
 Distinguished Technical Advisor on Disaster Risk Reduction
 Japan International Cooperation Agency, JICA
 Visiting Professor/International Research Institute of Disaster Science, Tohoku University



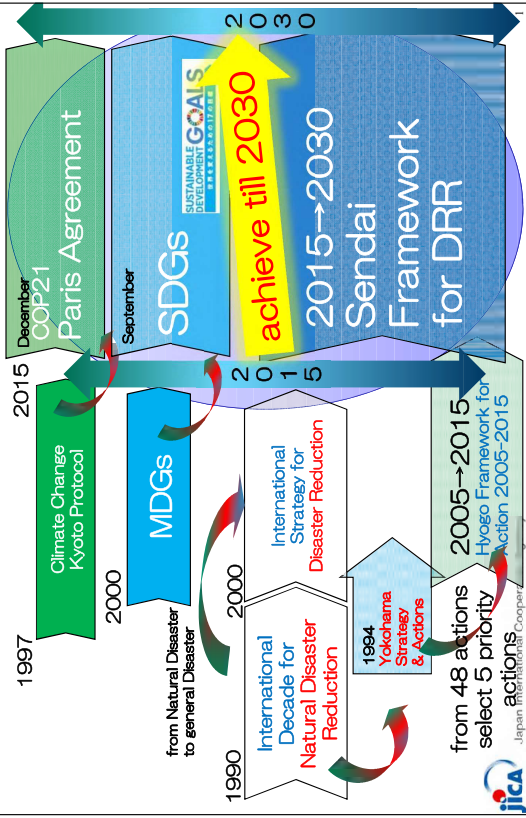
Japan International Cooperation Agency

Development Obstructed by Disasters ~Personal, Family, State and Regional Level~

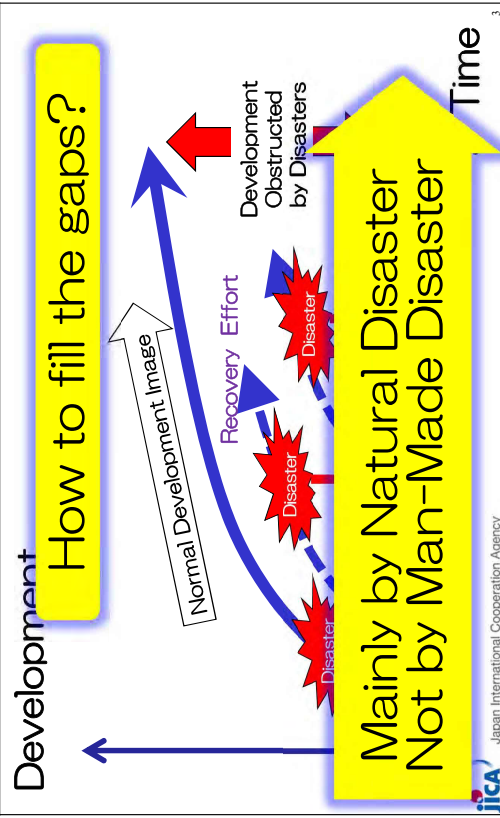


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World trend of Disaster Reduction



State's Development Plan Obstructed by Disasters



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What are the “Disasters” in Sendai Framework

15. The present Framework will apply to the risk of small-scale and large-scale, frequent and infrequent, sudden and slow-onset disasters caused by natural or man-made hazards, as well as related environmental, technological and biological hazards and risks. It aims to guide the multi-hazard management of disaster risk in development at all levels as well as within and across all sectors.

- During the negotiation, some states strongly appealed to include “foreign occupation” as one of man-made hazard to Sendai Framework.
- Mostly negotiators consensus about this, this issue is so important but so political issue and the UN responsible section is the Security Council and not the UNISDR.

Ultimate Goal of Sendai Framework for DRR

II. Expected outcome and goal

16. While some progress in building resilience and reducing losses and damages has been achieved, a substantial reduction of disaster risk requires perseverance and persistence, with a more explicit focus on people and their health and livelihoods, and regular follow-up. Building on the Hyogo Framework for Action, the present Framework aims to achieve the following outcome over the next 15 years:

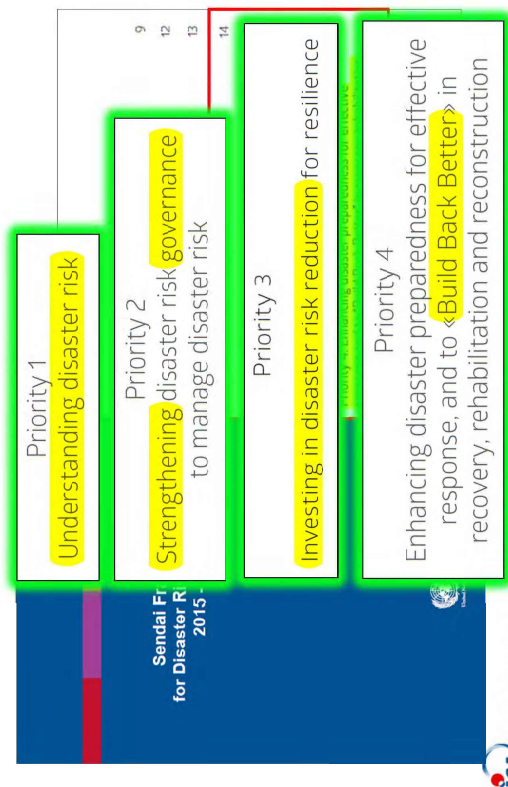
The substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries.

The realization of this outcome requires the strong commitment and involvement of political leadership in every country at all levels in the implementation and follow-up of the present Framework and in the creation of the necessary conducive and enabling environment.

17. To attain the expected outcome, the following goal must be pursued:

Prevent new and reduce existing disaster risk through the implementation of integrated and inclusive economic, structural, legal, social, health, cultural, educational, environmental, technological, political and institutional measures that prevent and reduce hazard exposure and vulnerability to disaster, increase preparedness for response and recovery and thus strengthen resilience

Sendai Framework for DRR, 2015



Sendai Framework shows guide for “Persons Disability”

Hyogo Framework for Action: lessons learned, gaps identified and future challenges

7. There has to be a broader and a more people-centred preventive approach to disaster risk. Disaster risk reduction practices need to be multi-hazard and multisectoral, inclusive and accessible in order to be efficient and effective. While recognizing their leading, regulatory and coordination role, Governments should engage with relevant stakeholders, including women, children and youth, persons with disabilities, poor people, migrants, indigenous peoples, volunteers, the community of practitioners and older persons in the design and implementation of policies, plans and standards. There is a need for the public and private sectors and civil society organizations, as well as academia and scientific and research institutions, to work more closely together and to create opportunities for collaboration, and for businesses to integrate disaster risk into their management practices.

Sendai Framework shows guide for “Persons Disability”

III. Guiding principles

(d) Disaster risk reduction requires an all-of-society engagement and partnership. It also requires empowerment and inclusive, accessible and non-discriminatory participation, paying special attention to people disproportionately affected by disasters, especially the poorest. Age, gender, age, disability and cultural perspective should be integrated in all policies and practices, and women and youth leadership should be promoted. In this context, special attention should be paid to the improvement of organized voluntary work of citizens.

(g) Disaster risk reduction requires a multi-hazard approach and inclusive risk-informed decision making based on the open exchange and dissemination of disaggregated data, including by sex, age and disability, as well as on easily accessible, up-to-date, comprehensible, science-based, non-sensitive risk information, complemented by traditional knowledge.



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Sendai Framework shows guide for “Persons Disability”

Priority 4: Enhancing disaster preparedness for effective response and to “Build Back Better” in recovery, rehabilitation and reconstruction

32. The steady growth of disaster risk, including the increase of people and assets exposure, combined with the lessons learned from past disasters, indicates the need to further strengthen disaster preparedness for response, take action in anticipation of events, integrate disaster risk reduction in response preparedness and ensure that capacities are in place for effective response and recovery at all levels. Empowering women and persons with disabilities to publicly lead and promote gender equitable and universally accessible response, recovery, rehabilitation and reconstruction approaches is key. Disasters have demonstrated that the recovery, rehabilitation and reconstruction phase, which needs to be prepared ahead of a disaster, is a critical opportunity to “Build Back Better”, including through integrating disaster risk reduction into development measures, making nations and communities resilient to disasters.

V. Role of stakeholders

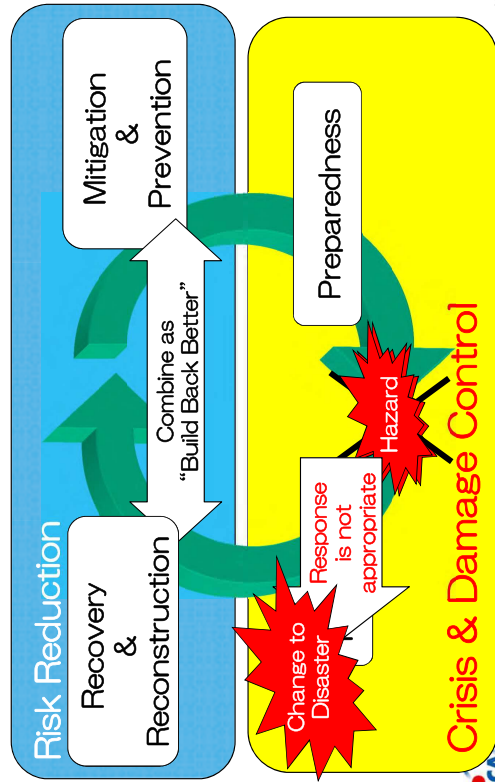
(iii) Persons with disabilities and their organizations are critical in the assessment of disaster risk and in designing and implementing plans tailored to specific requirements, taking into consideration, inter alia, the principles of universal design.



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Typical Disaster Risk Reduction & Management Cycle



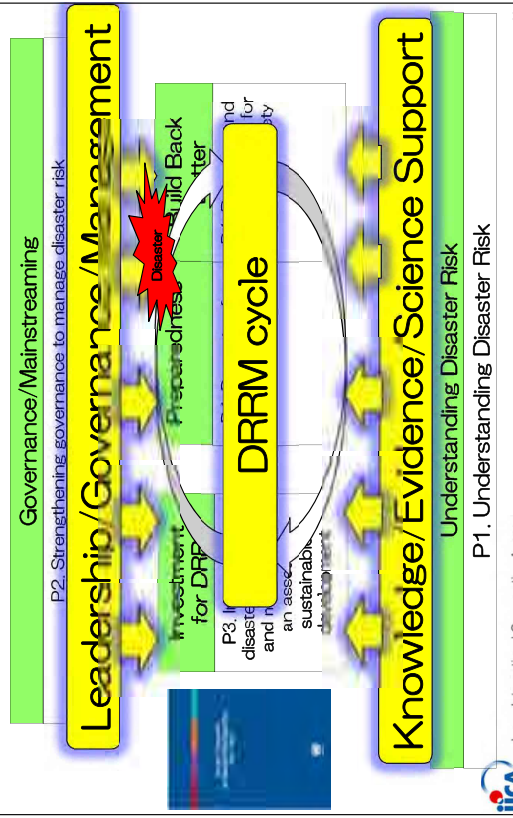
All the photographs in personal opinion of JICA, not formal opinion of JICA.



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10

Logic of the Priority of Sendai Framework



All the photographs in personal opinion of JICA, not formal opinion of JICA.



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Build Back Better Concept proposed from Japan

Build Back Better

16 January 2015
Japanese Delegation

1 Concept

According to the definition of UNISDR, “recovery” after a disaster is “the restoration, and improvement, where appropriate, of facilities, livelihoods and living conditions of disaster-affected communities, including efforts to reduce disaster risk factors” (UNISDR, 2009).

The “Build Back Better” concept is generally understood to utilize disasters as an opportunity to create more resilient nations and societies than before them through the implementation of well-balanced disaster risk reduction measures, including physical restoration of infrastructure, revitalization of livelihood and economy/industry, and the restoration of local culture and environment.

Most important target, if select one

Most important Target is reduce

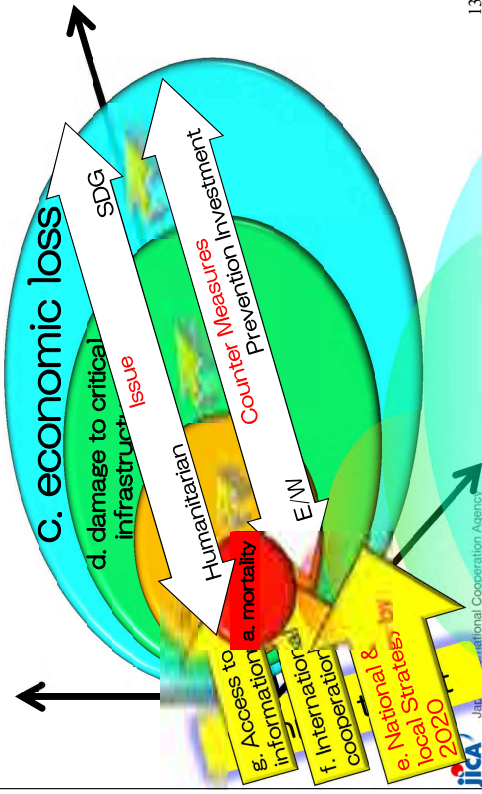
c. economic loss

g. Access to information to

f. International cooperation

e. National & local Strategy by 2020

Sendai Framework Logical Relation between 7 Targets



Most important target, if select one

Most important National & Local Strategy for DRR must include consideration for persons with disabilities, but not enough

f. International cooperation

e. National & local Strategy by 2020

Indicators of Sendai Framework

United Nations
General Assembly



A/AC.285/CRP.2/Rev.3
18 November 2016
English only

Open-ended intergovernmental expert working group
on indicators and terminology relating
to disaster risk reduction

Geneva, 29-30 September 2015, 10-11 February 2016 and 15-18 November 2016

Recommendations of the Open-ended Intergovernmental Expert Working Group on
Indicators and Terminology relating to Disaster Risk Reduction



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Indicators not include disaggregated data of persons with disabilities

Recommended indicators for the global targets of the Sendai Framework for
Disaster Risk Reduction 2015-2030

Global Target A: Substantially reduce global disaster mortality by 2030, aiming to lower average per 100,000 global mortality between 2020-2030 compared to 2005-2015.	
A-1 (compound)	Number of deaths and missing persons attributed to disasters, per 100,000 population.
A-2	Number of deaths attributed to disasters, per 100,000 population.
A-3	Number of missing persons attributed to disasters, per 100,000 population.
<i>The scope of disaster in this and subsequent targets is defined in paragraph 15 of the SPDR and applies to small-scale and large-scale, frequent and infrequent, sudden and slow-onset disasters caused by natural or man-made hazards, as well as related environmental, technological and biological hazards and risk.</i>	

Global Target B: Substantially reduce the number of affected people globally by 2030, aiming to lower the average global figure per 100,000 between 2020-2030 compared to 2005-2015.

B-1 (compound)	Number of directly affected people attributed to disasters, per 100,000 population.
B-2	Number of injured or ill people attributed to disasters, per 100,000 population.
B-3	Number of people whose damaged dwellings were attributed to disasters.
B-4	Number of people whose destroyed dwellings were attributed to disasters.
B-5	Number of people whose livelihoods were disrupted or destroyed, attributed to disasters.



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Indicators not include disaggregated data of persons with disabilities

Global Target E: Substantially increase the number of countries with national and local disaster risk reduction strategies by 2020.

E-1	Number of countries that adopt and implement national disaster risk reduction strategies in line with the Sendai Framework for Disaster Risk Reduction 2015-2030.
E-2	Percentage of local governments that adopt and implement local disaster risk reduction strategies in line with national strategies.
<i>Information should be provided on the appropriate levels of government below the national level with responsibility for disaster risk reduction.</i>	



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Indicators not include disaggregated data of persons with disabilities

Global Target G: Substantially increase the availability of and access to multi-hazard early warning systems and disaster risk information and assessments to the people by 2030.

G-1 (compound)	Number of countries that have multi-hazard early warning systems.
G-2	Number of countries that have a multi-hazard monitoring and forecasting systems.
G-3	Number of people per 100,000 that are covered by early warning information through local governments or through national dissemination mechanisms.
G-4	Percentage of local governments having a plan to act on early warnings.
G-5	Number of countries that have accessible, understandable, usable and relevant disaster risk information and assessment available to the people at the national and local level.
G-6	Percentage of population exposed or at risk from disasters protected through pre-emptive evacuation following early warning.

Footnote to indicator G 6: Member States in a position to do so are encouraged to provide information on the number of evacuated people.



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Indicators not include disaggregated data of persons with disabilities

- Even while the Global Targets of the SFDRR do not explicitly call for **data disaggregation**, Guiding Principle 19(g) of the Sendai Framework for Disaster Risk Reduction does **call for specific attention to factors such as income, sex, age and disability** in disaster risk reduction. **As such the collection of disaggregated data should be considered** as instrumental to the effective implementation of the SFDRR and relevant disaster risk related Targets of the SDGs.
- At the same time, the OIEWG, recognizing the different existing capacity of Member States in data collection and reporting, noted that indicators, in order to be considered as **global, need to be usable by all Member States**. As such, while **data disaggregation may be highly desirable**, it was noted that **this may not be immediately feasible across all Member States**, and as such could not be considered a requirement in relevant indicators. The OIEWG encourages Member States to commence or, as appropriate, **further enhance the collection of data** on disaster loss disaggregated by income, sex, age and **disability** with the engagement of the national statistical offices and in accordance with the Fundamental Principles of Official Statistics, and to start reporting disaggregated data. It also calls for actions under Target F of the SFDRR to strengthen national capacities to do so.

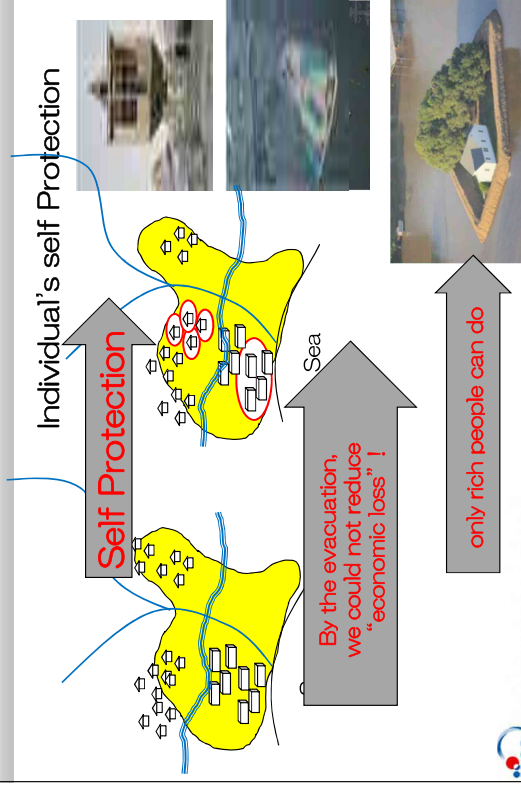
Build Back Better from the “War” for Universal Society or leave no one behind?

- Our experiences for DRR are always based on the **root cause of the Disaster**.
- We can not reduce the **hazard itself** but we can **reduce the damage** by reducing the exposure or protecting by structure or non-structure measures.

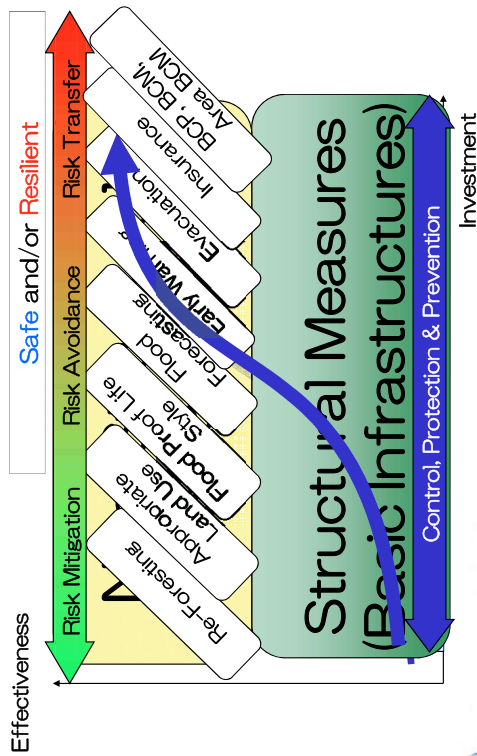
Focus for Flood case,
How can be “inclusive” ?
How can we reduce root cause?

- Flood disasters are influenced by the natural geological condition,
- Damage area are limited to natural flood plain,
- Which we can manage not to live or by the prevention investment

Individual's self Protection



Flood Prevention case



Traditional DRR Investments and big effort still needed for future, for example, Flood Disaster case,
 DRR Investment as social system contribute to SDGs

LEAVENO ONE BEHIND

Risk Reduction as a social system only contribute to SDGs

DRR Investment
 ① Dam: by Central Gov.
 ② Levee: by Central Gov.
 ③ Retention Area with Land use regulation & Controlled inundation by Local Gov.
 ...

Controlled inundation with land use plan

Sea

In the reality, “inclusively” effect everyone but not enough consideration or not reach to persons with disabilities, yet

JICA

SDGs

Earthquake disaster case

- Wide area affected and have some similarity like "war damage"
- Earthquake disasters can not controlled and not limited to specific area
- Build Back Better concept must be applied for next earthquake, strong infrastructures, houses, wide roads and so on for resilient society

Japanese Experiences

Build Back Better in Japan, after the World War II, from very poor era



ex. Earthquake, School safety and DRR education =depends on the level of school building safety=

- if the school is vulnerable, catastrophic collapse will happen then,
 - evacuation plan has no sense
 - hide under the desk is not enough
- if the school is strong and partially collapsed,
 - evacuation plan has a sense
 - hide under the desk is effective
 - cushion helmet is effective
 - but where is a temporary shelter?
- if the school, hospital and government build is strong enough
 - can be the emergency center for operation
 - can be a shelter for refugee

Vulnerability level of Nepal case



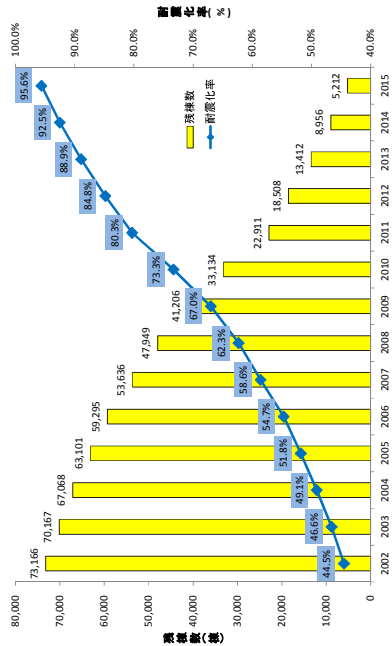
- ◆ Most of the schools are built by same structure, bricks, which will catastrophically claps and no one can survive
- ◆ Although in this situation, some group insist “Education and Evacuation training are important for students”
- ◆ Government has serious responsibilities for these situations.

Preparedness in Japan case



School Safety retro-fit, anti-earthquake strengthening

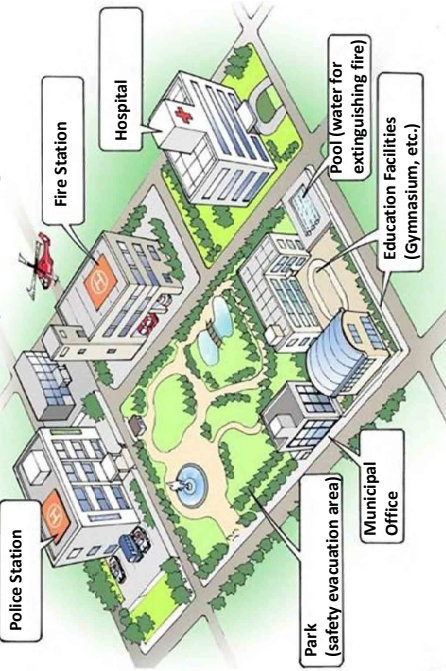
- for elementary school case, almost to 100% within 15 years effort



32

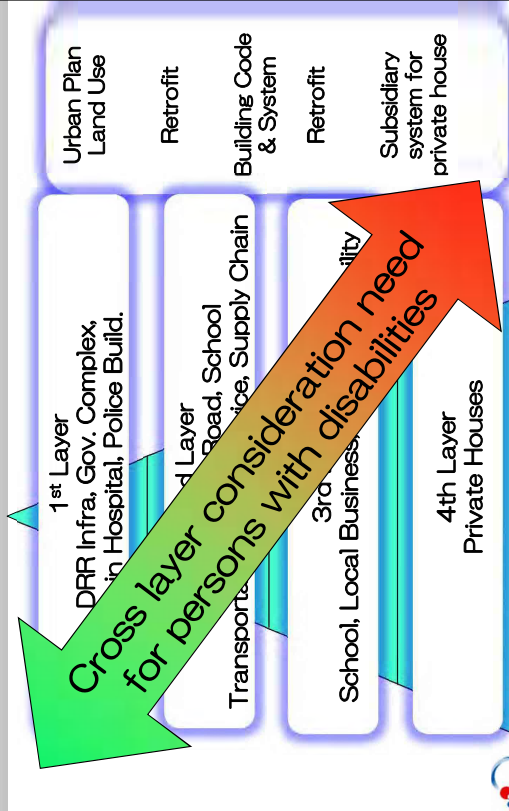
Strong Government Complex

Maintaining a chain of command and public services and offering evacuation area are the most important things



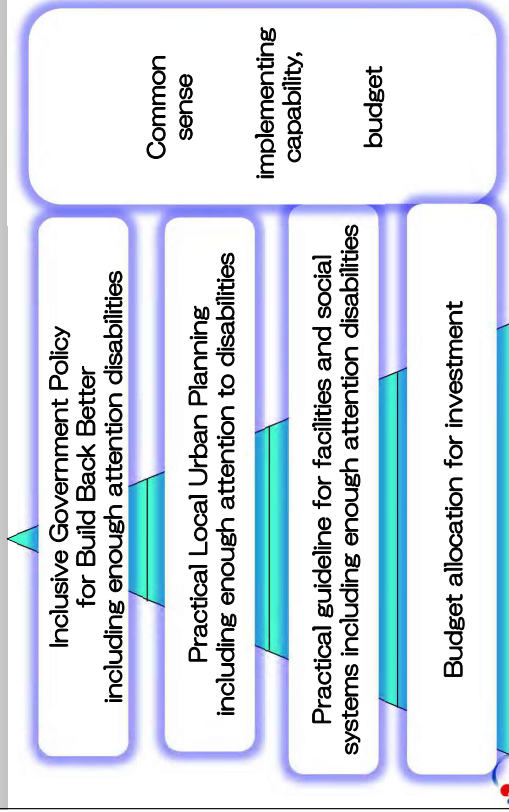
33

Layer Structure for policy priority



34

Layer Structure for policy priority for disabilities



35

Build Back Better from the “War” for Universal Society or leave no one behind?

- Our experiences for DRR are always based on the way to **reduce the root cause of the Disaster**.
- We can not reduce the hazard itself but we can reduce the damage by reducing the exposure or protecting them by structure or non-structure measures.
- We are still struggling not enough findings for persons with disabilities and also after War situations which area could we support, but we try to do our best effort, as following practical support example from Mr. Kobayakawa shows



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復興の終盤を迎えて

岩手県陸前高田市教育委員会
佐々木敦美

陸前高田市 City of Rikuzentakata



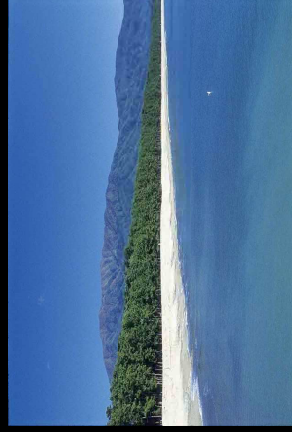
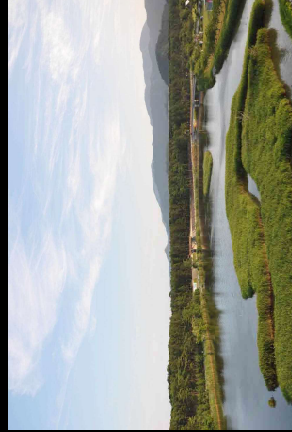
■ 地理 Place
岩手県の最南端
The southern tip of Iwate

■ 人口 Population
24,246人 (2011.2.28現在)
17,705人 (2023.10.30現在)

6,541人の減少



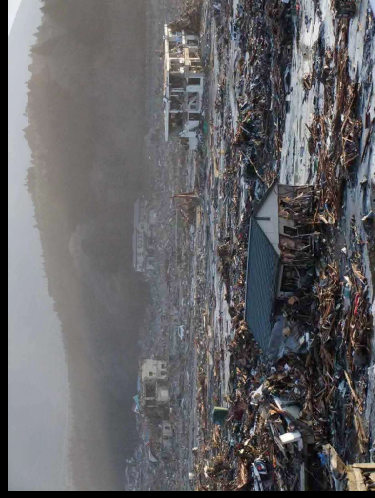
かつての風景 Scenery before the Disaster



写真提供：関東海新報社



東日本大震災による爪痕 Damage by the Tsunami



■ 発生時刻
2011.3.11 Fri 14:46 p.m

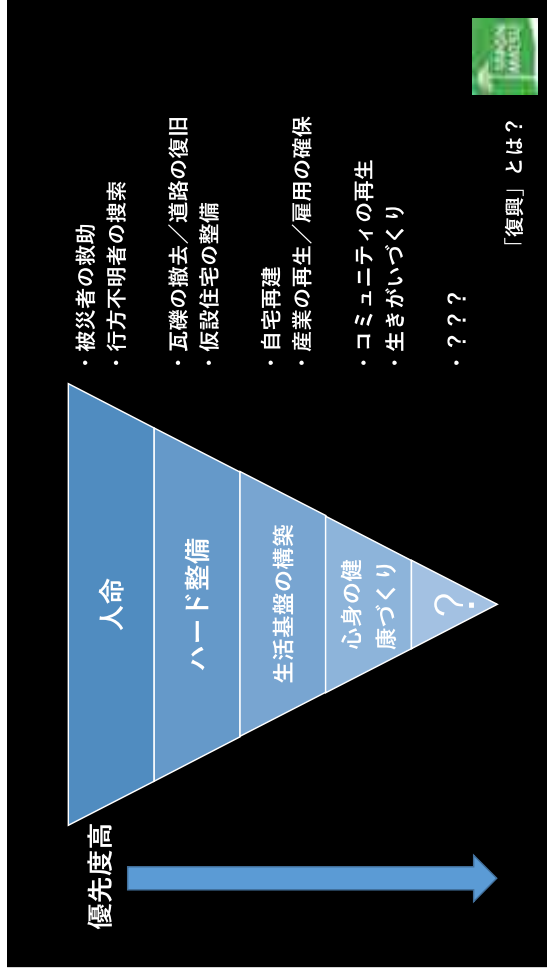
■ 地震の規模
マグニチュード 9.0

■ 陸前高田市の震度
震度6弱

■ 死者数、行方不明者数
1,557人、201人



「復興」とは？ What is "RECONSTRUCTION"?



給水の列

Line for the Water Supply



炊き出しの列

Line for the Food Supply

「復興」とは？

ノーマライゼーションという 言葉のいらないまちづくり Building Inherently Inclusive Communities





庁内チーム会議の立ち上げ
Formalizing Program within City Hall

ノーマライゼーションという言葉のいらないまちづくり



庁内チーム会議の立ち上げ
Formalizing Program within City Hall

ノーマライゼーションという言葉のいらないまちづくり



グループ討議 Group Discussion

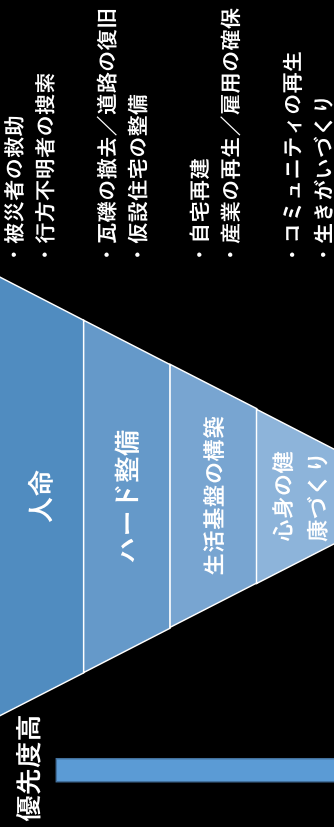
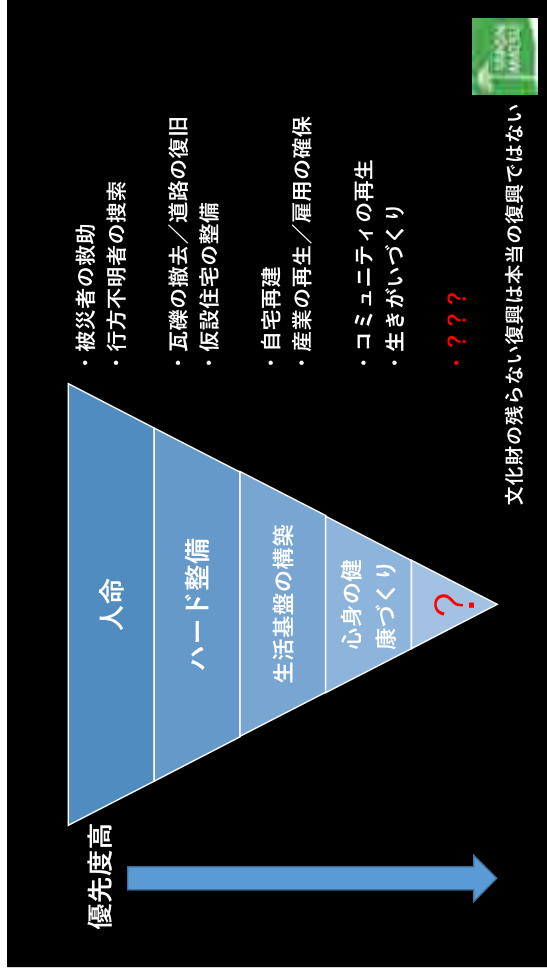
ノーマライゼーションという言葉のいらないまちづくり



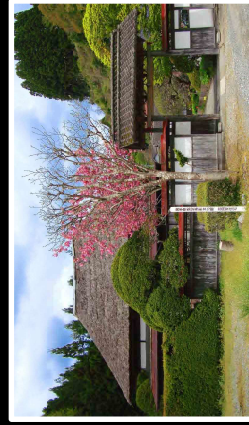
ノーマライゼーションという言葉のいらないまちづくり



文化財の残らない復興は本当の復興ではない Restoration that does not preserve cultural properties is not true restoration



文化財の復旧 Reconstruction of Cultural Property



旧吉田家主屋 享和2年（1802）建立
Yoshida-ke Residence
Build in 1802

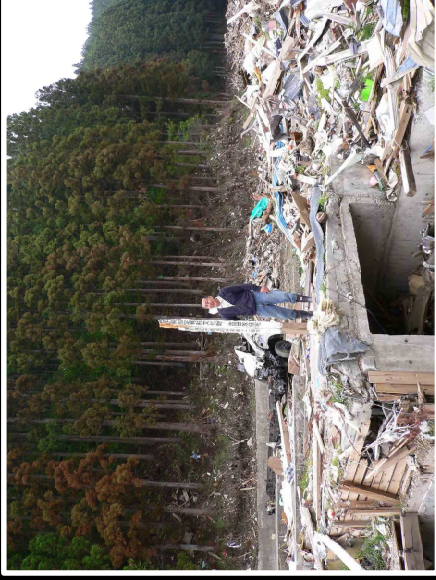


文化財の残らない復興は本当の復興ではない

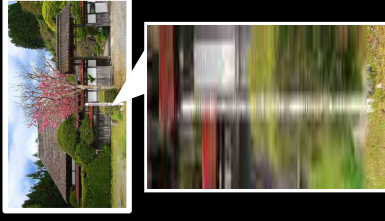
被災状況 Impacts of TSUNAMI



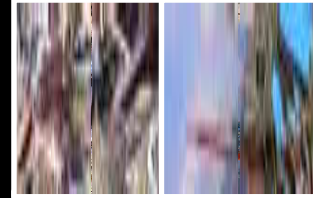
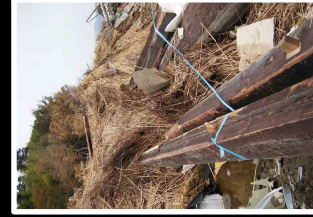
文化財が残らない復興は本当の復興ではない



文化財が残らない復興は本当の復興ではない



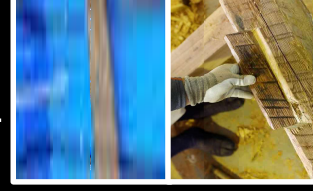
被災状況 Impacts of TSUNAMI



文化財が残らない復興は本当の復興ではない



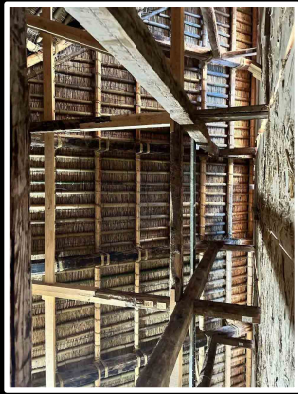
復旧の経過 Reconstruction process



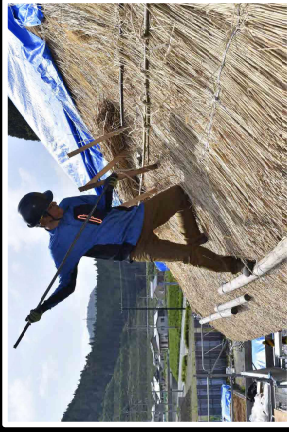
文化財が残らない復興は本当の復興ではない



伝統技術の継承
Inheriting traditional techniques



文化財に残らない復興は本当の復興ではない



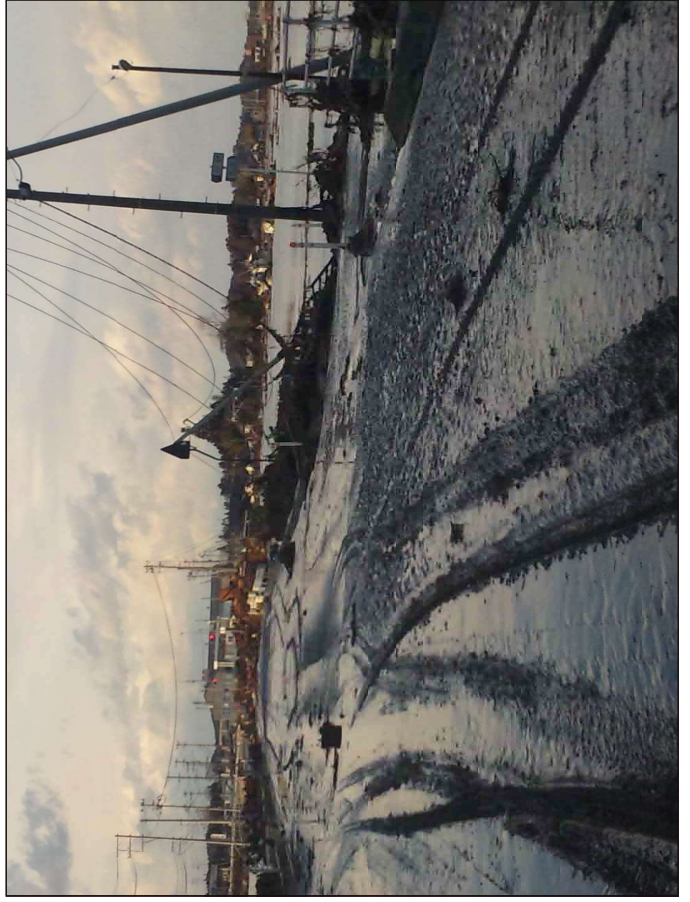
文化財に残らない復興は本当の復興ではない



岩手県指定有形文化財(建造物)
旧吉田家住宅主屋

令和7年3月完成予定





逃げ遅れる人々
「東日本大震災から」
令和5年11月21日

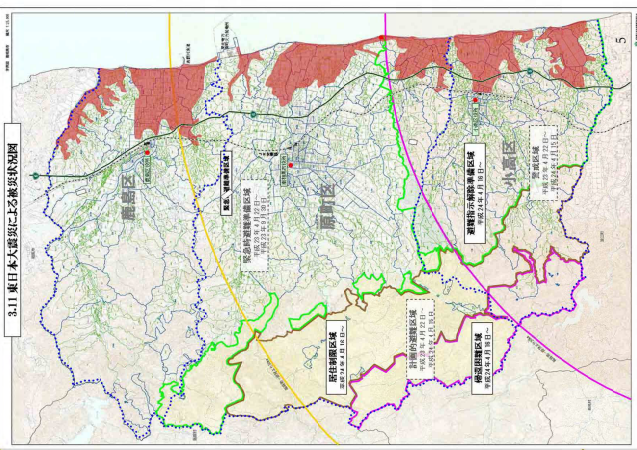
特定非営利活動法人
さほーとセンターびあ
代表理事 青田由幸

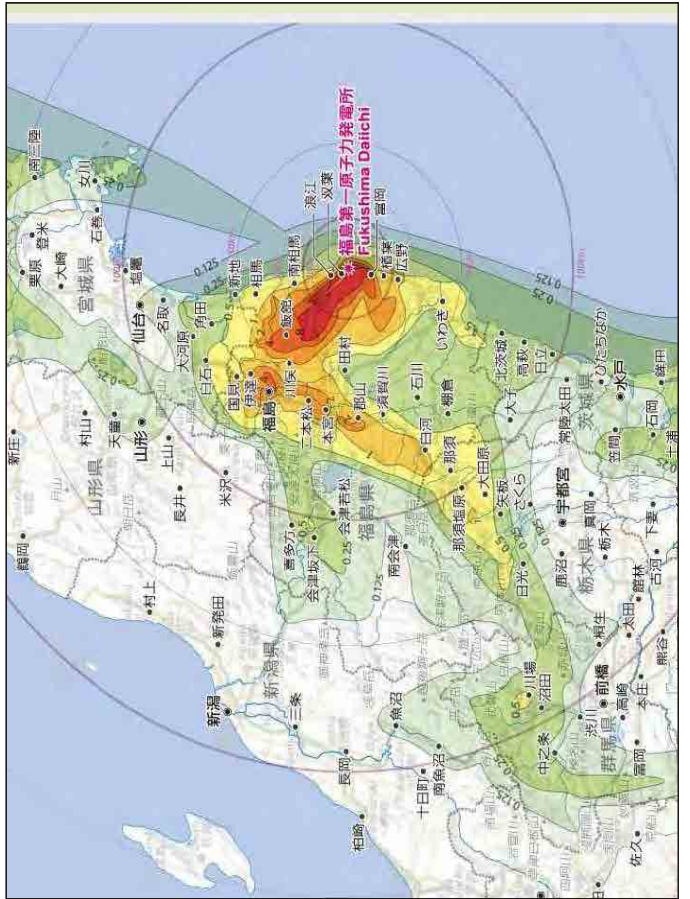
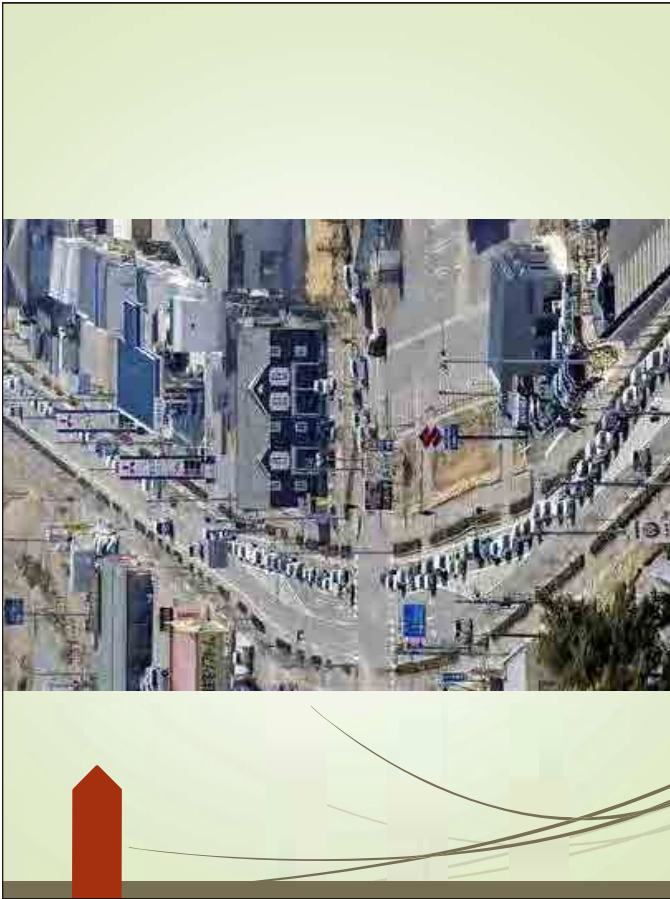
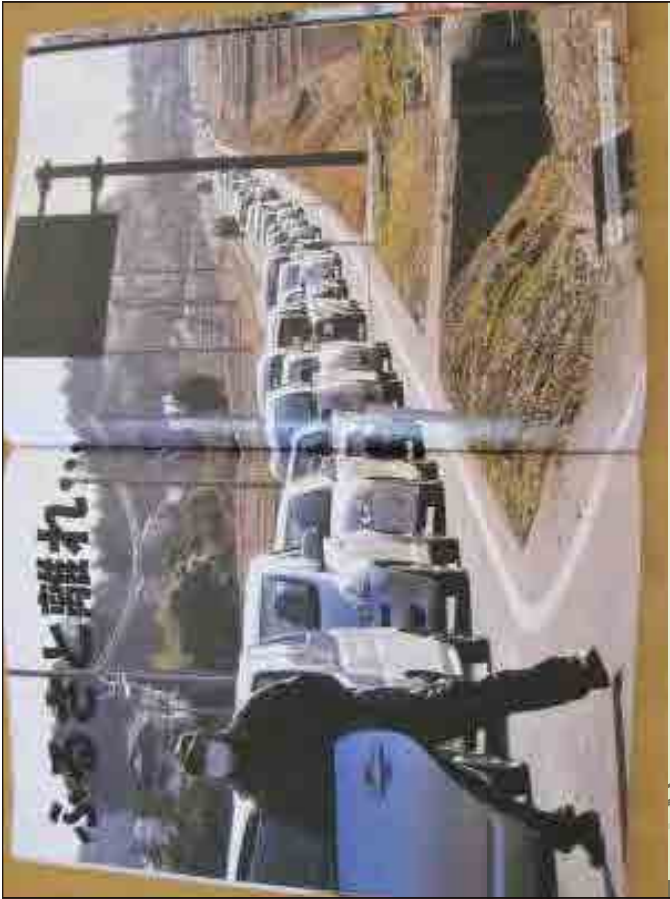


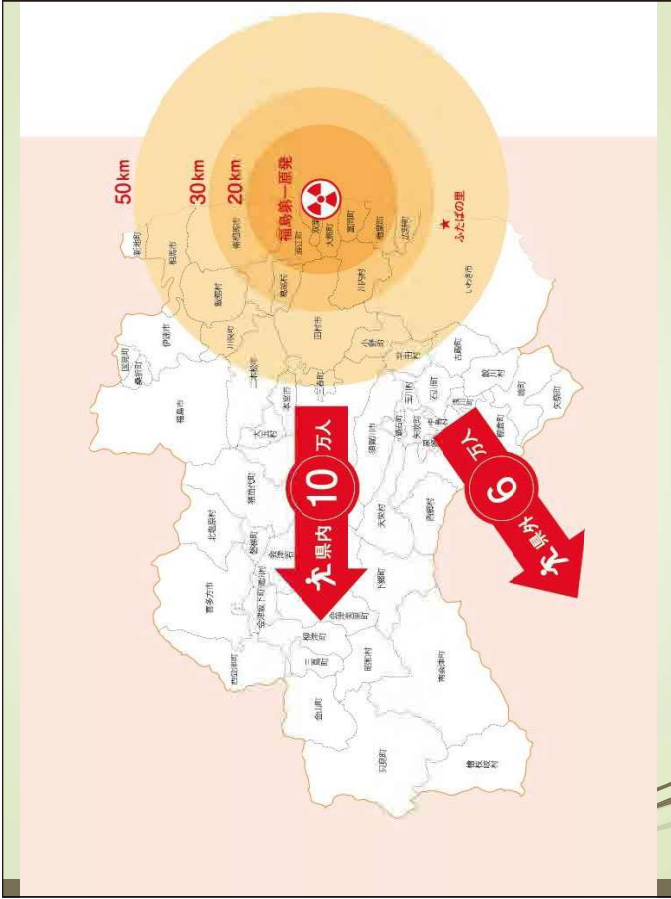
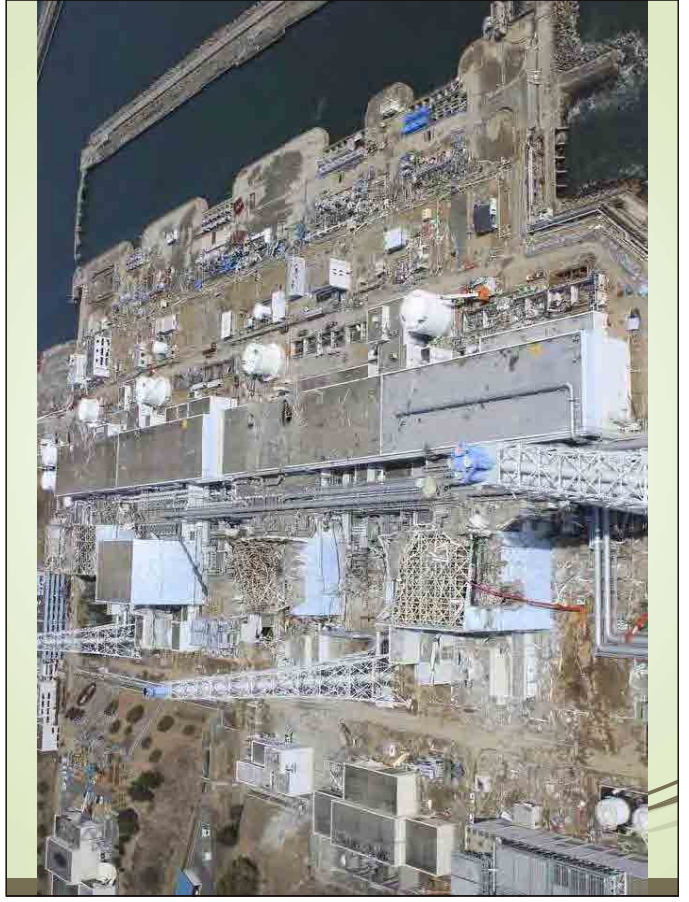
南相馬市の被災状況図

● 被災被害面積（平成23年4月8日現在）

区	地区	面積
鹿島区	八沢	5.0km ²
	南海老～烏崎	10.8km ²
	小計	15.8km ²
原町区	金沢・北泉	1.6km ²
	泉～雫	9.1km ²
	小浜～小沢	3.8km ²
小高区	小計	14.5km ²
	塚原～角部内	5.6km ²
	井田川～浦尻	4.9km ²
	小計	10.5km ²
合計		40.8km ²

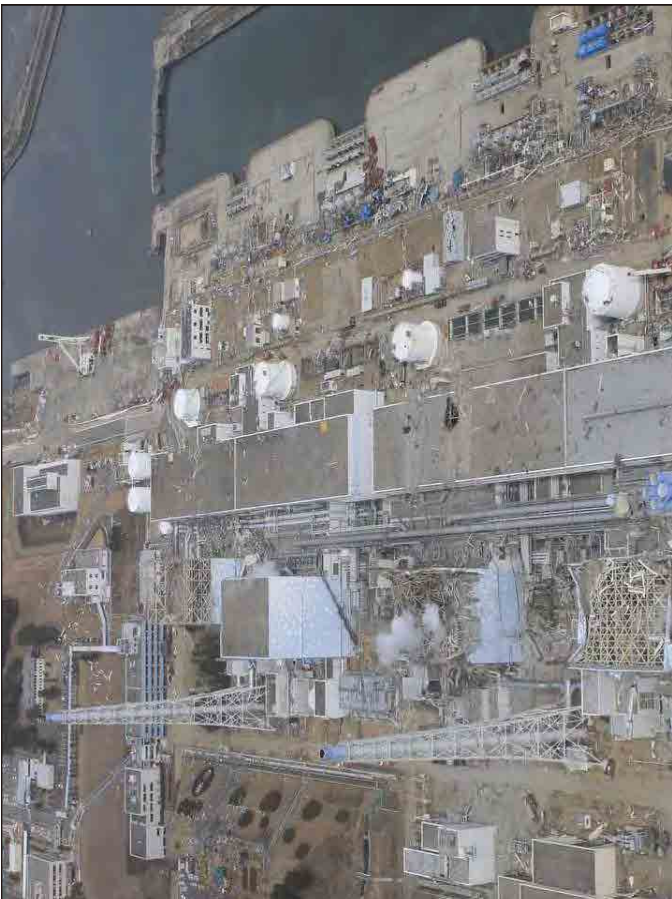
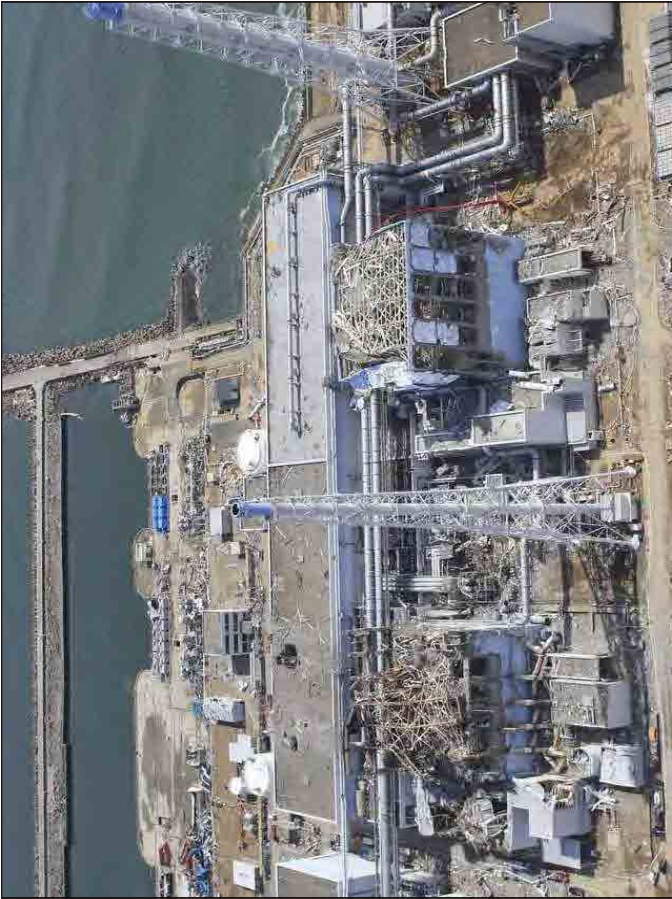


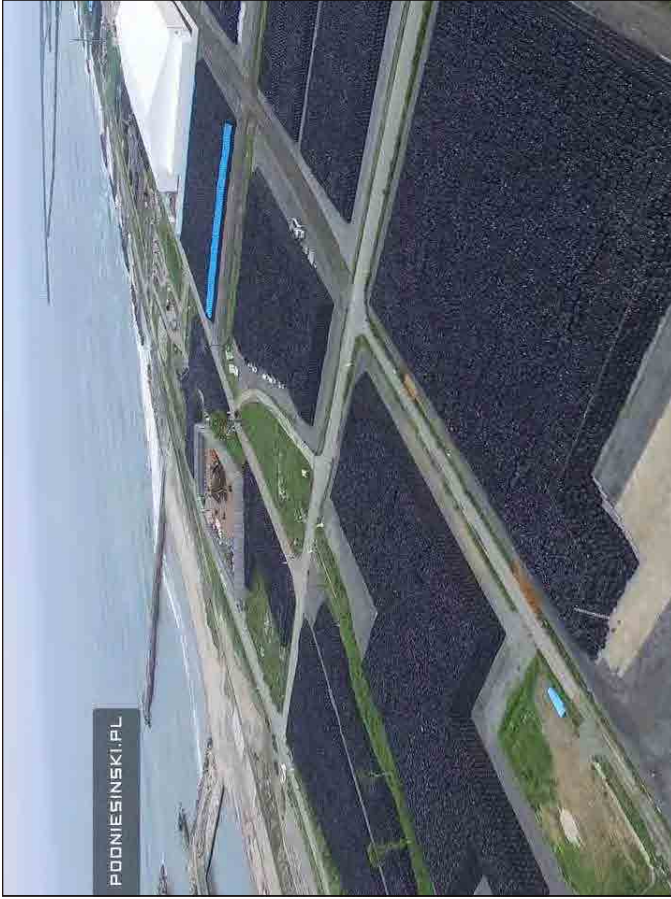




困難事例

- ① 透析患者
- ② 置き去り障害者
- ③ 家族全員鬱からの引きこもり
- ④ 避難を拒む人たち（1人暮らし、全盲夫婦）
- ⑤ 避難所での障害者 車いすに1週間放置
- ⑥ 消えた障害者
- ⑦ 80代高齢者と引き籠もり孫2人、知的障害者孫2人と猫8匹
- ⑧ 納屋に置かれた瀕死状態の精神障害者
- ⑨ 発達障害者家族 食糧支援の困難さ等々

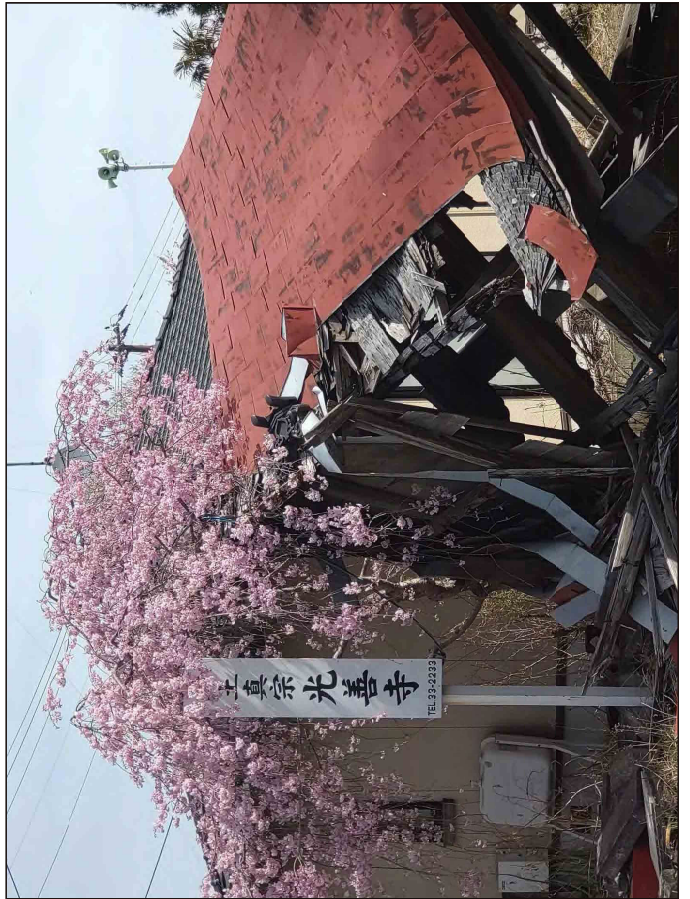
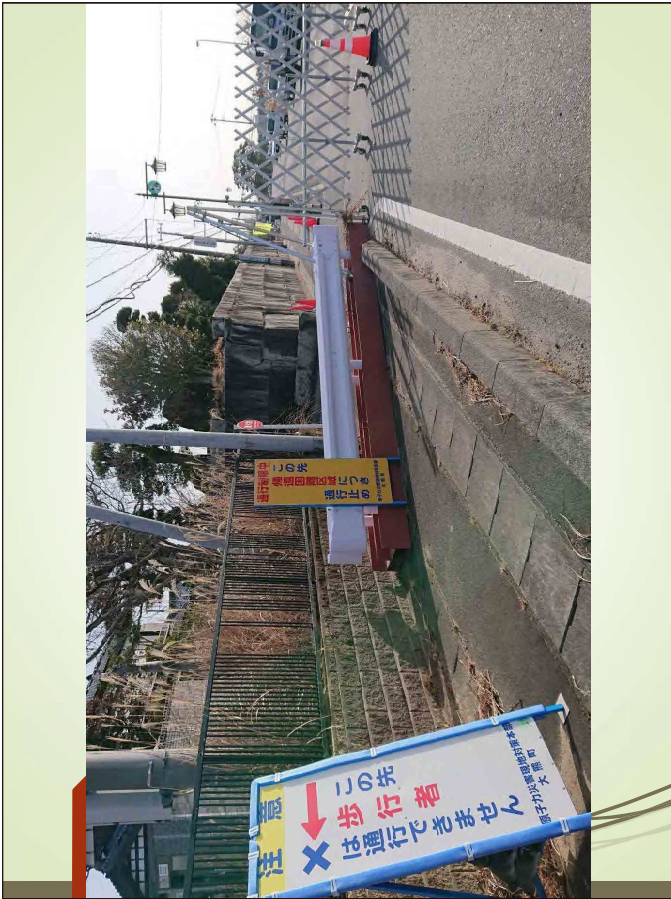


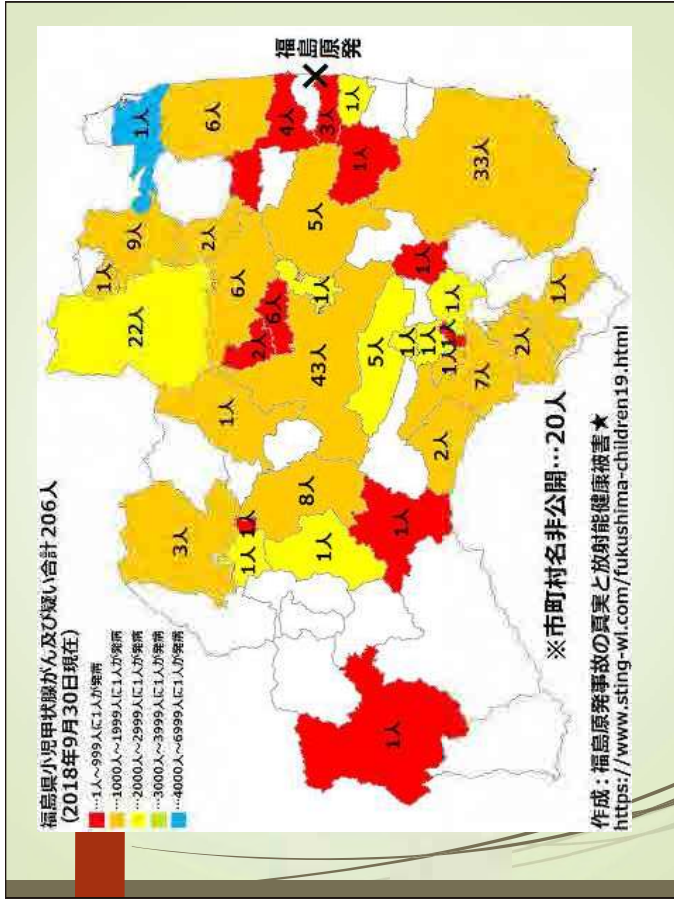


人的被害 (2022年11月1日現在)

	直接死	関連死	死亡届	死者数合计	H23/3人口	死亡率
新地町	100	9	10	119	8,224	1.45
相馬市	439	29	19	487	38,139	1.28
飯館村	0	42	1	43	6,584	0.65
南相馬市	525	520	111	1,156	71,732	1.61
相馬地方計	1,064	600	141	1,805	124,679	
広野町	2	46	1	49	5,490	0.89
楢葉町	11	142	2	155	8,011	1.93
富岡町	18	455	6	479	15,960	3.00
川内村	0	102		102	3,038	3.36
大熊町	12	131		143	10,505	1.36
双葉町	17	158	4	179	7,140	2.51
浪江町	151	442	31	624	21,434	2.91
葛尾村		42	1	43	1,567	2.74







31

検討委員会で公表された甲状腺がんの人数

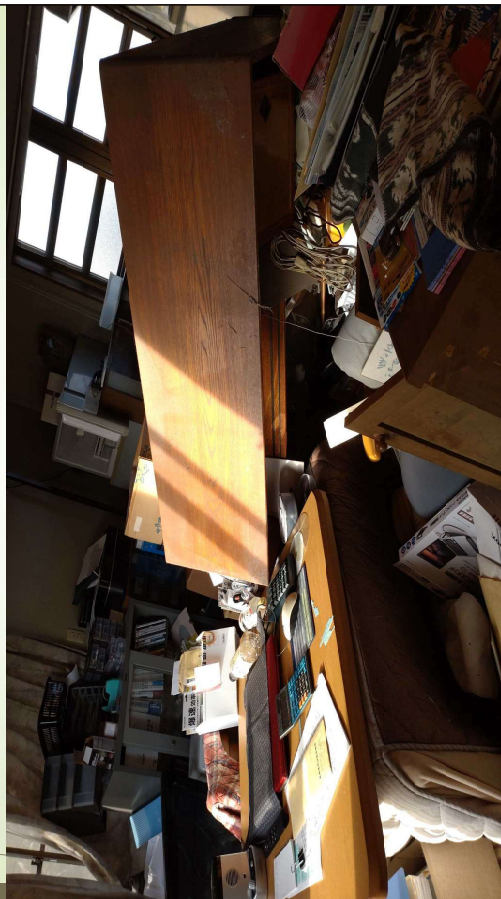
	対象者数	受診者数	B・C判定 判定	2次検査 受診者	診断確定	A判定相当以外			手術 済み	
						受診 者数	経過 観察	悪化 疑い		
1巡目	367,672	300,476	2,294	2,130	2,091	1,380	547	431	116	102
		81.7%	0.62%	92.8%	98.1%	65.9%	39.6%	78.7%	21.2%	*101
2巡目	381,237	270,552	2,230	1,877	1,834	1,404	207	136	71	55
		71.0%	0.8%	84.2%	97.4%	76.6%	14.7%	65.7%	34.3%	55
3巡目	336,667	217,922	1,502	1,104	1,068	959	79	48	31	29
		64.7%	0.7%	73.5%	96.7%	89.6%	6.2%	60.8%	39.2%	29
4巡目	294,239	183,298	1,383	928	1,014	972	82	46	33	27
		62.3%	0.8%	67.5%	73.3%	95.9%	9.3%	56.1%	40.2%	27
節目	87,694	7,621	359	239	227	210	17	8	9	6
		8.7%	4.9%	66.6%	95.0%	92.5%	8.1%	47.1%	52.9%	6
合計						4,925	932	669	260	219

1巡目は2018年3月末、そのほかは2021年3月31日現在

今回は、3月までの甲状腺検査2巡目と3巡目の確定結果が公表されたほか、4巡目と25歳の節目検診の新たな検査結果も発表された。それによると、2巡目で甲状腺がんと診断を受けていた71人のうち、新たに1人が手術を受け、病理診断の結果、がんと確定した。2巡目は手術を受けた55人全てが乳頭がんと診断された。2012/7/3

2 021年2月13日福島県沖地震 M7.3

2022年3月16日福島県沖地震
M7.4

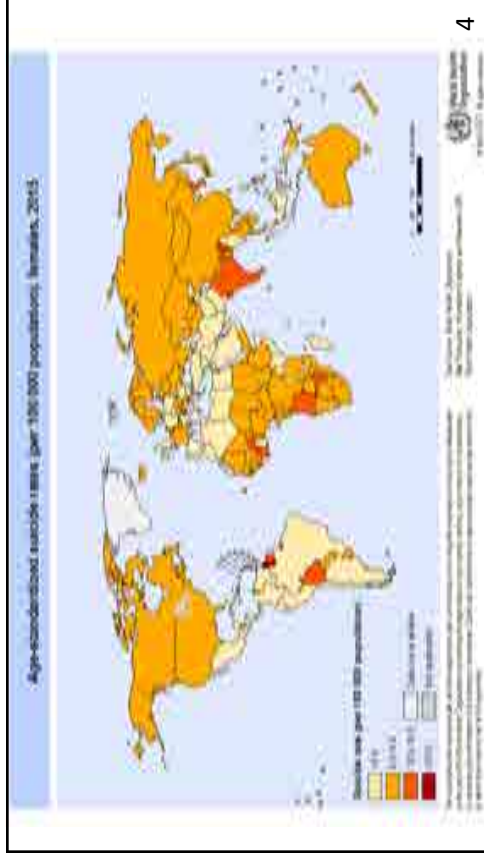
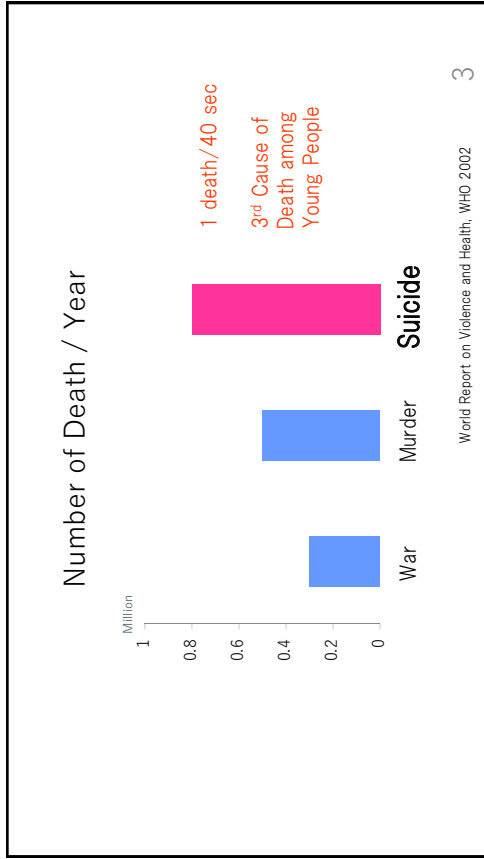
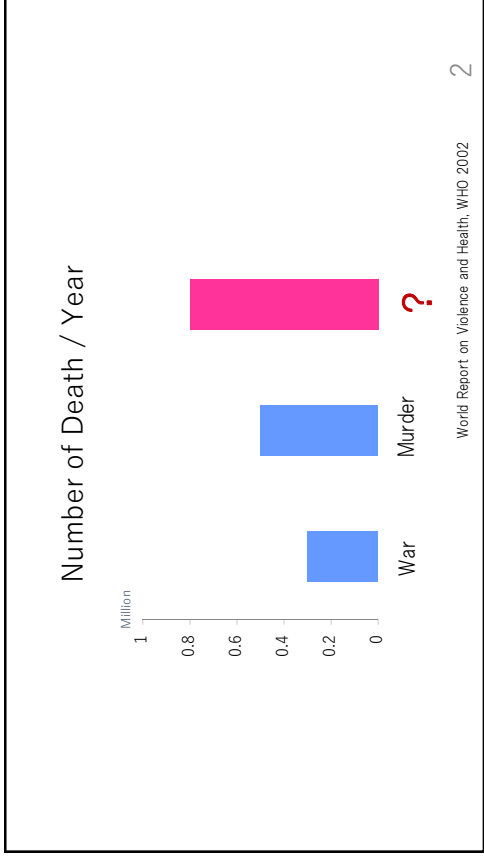


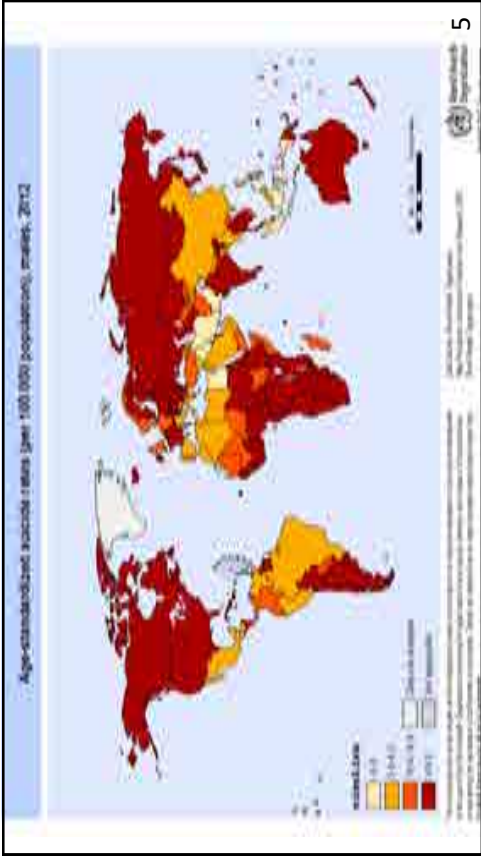
喜岡町	約8Km	0.28	大熊中学校	大熊町
喜岡町	南西 約6Km	0.32	下野上一区地区集会所	大熊町
喜岡町	南 約6Km	1.37	下野上三区地区集会所	大熊町
喜岡町	南 約9Km	0.09	大川原第一集会所	大熊町
喜岡町	南南西 約8Km	0.24	熊二区地区集会所	大熊町
喜岡町	南西 約10Km	0.12	町区集落センター(※2)	大熊町
喜岡町	南西 約7Km	0.33	熊川区地区集会所	大熊町
喜岡町	南南西 約7Km	0.83	小入野地区公民館	大熊町
喜岡町	南西 約8Km	0.18	夫沢一区地区集会所	大熊町
喜岡町	南南西 約9Km	0.26	夫沢三区地区集会所	大熊町
喜岡町	南 約11Km	0.14	坂下ダム管理事務所	大熊町
喜岡町	南 約10Km	0.15	中屋敷多目的研修会施設	大熊町
喜岡町	南西 約7Km	0.32	野上一区地区集会所	大熊町
喜岡町	南西 約7Km	0.46	夫沢二区地区集会所	大熊町
喜岡町	南西 約8Km	0.26	熊一区地区集会所	大熊町
喜岡町	南 約9Km	調整中	熊町小学校	大熊町
喜岡町	南南西 約10Km	調整中	野上二区地区集会所	大熊町
喜岡町	南南西 約11Km	0.12	下野上二区地区集会所	大熊町
喜岡町	南南西 約9Km	0.16	駅前地区集会所	大熊町



**Mental Health and Psychosocial Support
in Emergency Settings**

Takashi Izutsu, Ph.D.
The University of Tokyo





Basic Facts

- Currently, **1/8 = 1 billion people** have mental illness
 (Anxiety 31%, Depression 29%, Autistic spectrum 3%, Schizophrenia 2.5% + Alcohol 300mil., Drug abuse 35mil., Dementia 55mil. (7% of 65yo or above)
- 1 in 5 who visit primary health care have mental health conditions
- WHO “Global Health Estimates”: Degree of Impairments:
 1. Acute Schizophrenia, 5. Severe Depression, 10. Residual Schizophrenia
- Economic costs exceed 4% of GDP
- \$1 Investment in Mental Health → \$4

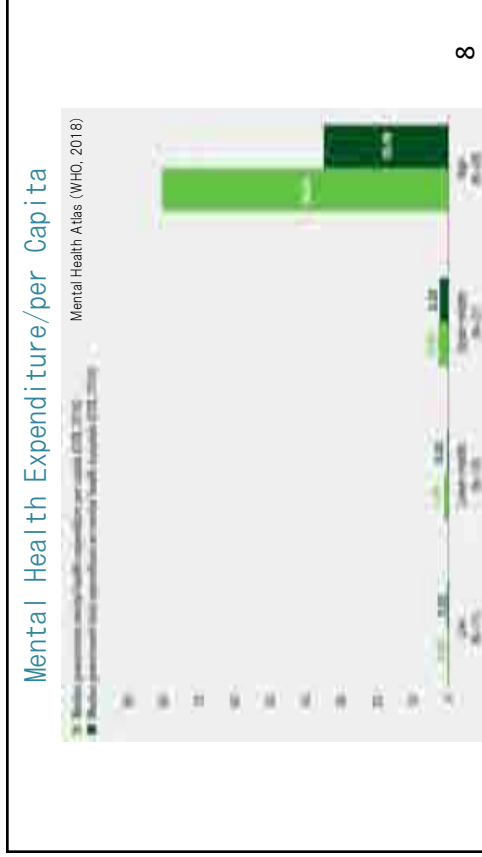
Mental Health Action Plan, WHO, 2013, Mental Health Counts, OECD, 2014, Out of the Shadows, WBG & WHO, 2016, World Mental Health Report, WHO, 2022

UN Sustainable Development Goals (SDGs)

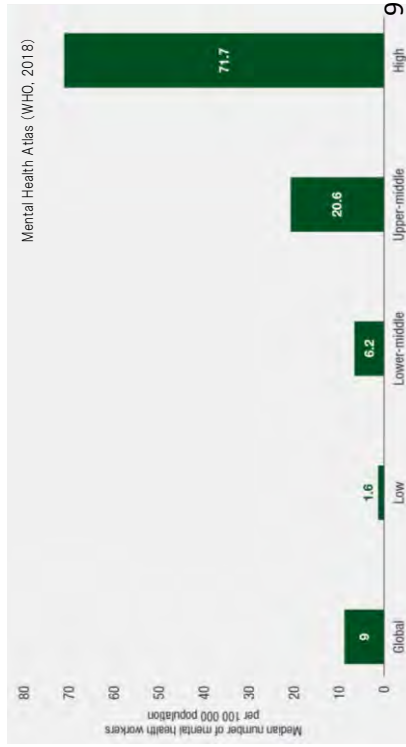
SUSTAINABLE DEVELOPMENT GOALS

Global Priorities for 2016~30: 17 Goals & 169 Targets “Leaving No One Behind”

7



Human Resources for Mental Health/100, 000



9

Facts

- **Employment:** 90% of persons with severe mental health conditions are unemployed
- **Education:** Many children with psychosocial/intellectual disabilities excluded
- **Health Services:** 80% of persons with mental health conditions do not receive appropriate health services in developing countries + Over-medicalization
- At risk of sexual **violence**, physical assault, and murder
- Those with severe mental health conditions **die 20y earlier**

Mental Health Action Plan, WHO, 2013; World Report on Disability WHO, 2011; Out of the Shadows, World Bank Group & WHO, 2016

10



© Lancet

11

Solution Package for Mental Health?

- HIV Prevention → Condom etc.
- Malaria → Bed-net
- Polio → Vaccination

Then, **WHAT** for Persons with Mental Health Conditions and Psychosocial Disabilities?

Intervention pyramid for mental health and psychosocial support

IASC Guidelines on MHPSS in Emergency Settings (2007)

13

IASC Guidelines for Mental Health & Psychosocial Support in Emergency Settings (IASC, 2007)

- Gold standard for humanitarian settings
- Principle: “Do No Harm”

Awareness raising to stop too much focus on PTSD/trauma

Stopping harmful “psychological Debriefing”

14

Mental Health Action Plan (WHO, 2014)

- Adopted at the 66th World Health Assembly by Ministers of Health
- Action plan by 2030

16

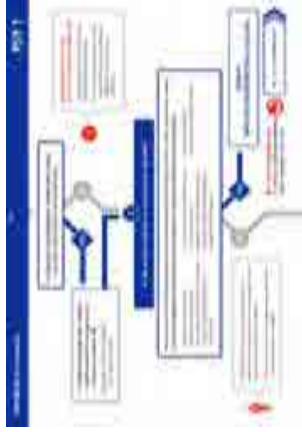
Diagnostic Criteria

DSM-5TR (APA) (2022)

ICD-11 (WHO) (2018)

16

WHO mhGAP Intervention Guide



1. Evidence-based interventions for the selected priority conditions
2. For non-mental health specialist within community, primary and secondary level care with supervision and support from mental health professionals
3. Provides protocols for clinical decision-making



Psychological First Aid (PFA) Guide for Fieldworkers (WHO et. al., 2011)

PFA e-Orientation
<https://www.youtube.com/watch?v=PLtWjmBOuKQBdk734agp5XN09ci01c-WfQ>



What PFA is

- Humane, supportive and practical assistance to fellow human beings who have recently suffered exposure to serious stressors, such as conflicts/disasters:
 - Non-intrusive, practical care and support
 - Assessing needs and concerns
 - Helping people to address basic needs
 - Listening, but not pressuring people to talk
 - Comforting people and helping them to feel calm
 - Helping people connect to information, services and social supports
 - Protecting people from further harm

What PFA is not

- It is NOT something only professionals can do
- It is NOT professional counseling
- It is NOT “psychological debriefing”
 - No detailed discussion of the distressing event
- It is NOT asking people to analyze what happened or put time and events in order
- Although PFA involves being available to listen to people’s stories, it is NOT pressuring people to tell you their feelings or reactions to an event

PFA: Who?

- Very distressed people who were recently exposed to an extremely stressful event.
- Can be provided to adults & children
- Not everyone who experiences a crisis event will need or want PFA.
 - Don't force help on those who don't want it, but make yourself available and easily accessible to those who may want support

PFA: When and where?

When?

- Upon first contact with very distressed people, this can be immediately following an event, or sometimes a few days or weeks after.

Where?

- Wherever it is safe enough for you to be there.
- Virtual delivery over the phone or internet.
- Ideally with some privacy, as appropriate to preserve confidentiality and dignity.



Why PFA? Key resilience factors

- People do better over the long-term if they ...
 - Feel safe, connected to others, calm & hopeful
 - Have access to social, physical & emotional support
 - Regain a **sense of control** by being able to help themselves



Who needs more advanced support than PFA alone?

- People with serious life-threatening injuries and other medical concerns
- People so upset they cannot care for themselves or their children
- People who may hurt themselves
- People who may hurt or endanger the lives of others



Helping people in distress

- **Most people recover well over time**, especially if they can meet basic needs and receive support.
- Those with severe or long-lasting distress may require more support.
 - **Try to make sure they are not left alone and know that they can follow up with you or appropriate services.**
 - Try to keep them safe until their reaction passes or you can find help from others.



PFA



Prepare: Learn about the crisis event
Learn about available services/supports
Learn about safety and security concerns

Look: Check for safety w/ obvious urgent basic needs
Check for people w/ serious distress reactions

Listen: Approach people who may need support
Ask about people's needs/concerns
Listen to people, and help them feel calm

Link: Help address basic needs/access services
Help people cope w/problems
Give information
Connect people w/ loved ones/social support

3LS

Psychological First Aid Guide for Fieldworkers (WHO et. al., 2011)

Prepare: Learn about the crisis event
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3LS





PFA: Look

Look 

- Observe for safety.
- Observe if a person has obvious urgent basic needs.
- Observe if a person has a serious distress reaction.


Look for signs that a person may be in distress.

What are some obvious and more subtle ways that people indicate that they are distressed?


Look: Distress reactions to extremely stressful events 


- Physical reactions (shaking, headaches, fatigue, loss of appetite, aches & pains)
- Anxiety, fear
- Weeping, grief and sadness
- Guilt, shame
- Being on guard, jumpy
- Anger, irritability
- Worry that something really bad will happen
- Insomnia or nightmares


PFA



Prepare: Learn about the crisis event
Learn about available services/supports
Learn about safety and security concerns

Look:  Check for safety
• Check for people w/ obvious urgent basic needs
• Check for people w/ serious distress reactions

Listen:  Approach people who may need support
• Ask about people's needs/concerns
• Listen to people, and help them feel calm

Link:  Help address basic needs/access services w/ problems
• Give information
• Connect people w/ loved ones/social support

3Is

PFA: Listen

Listen 

- Approach people who may need support
- Ask about people's needs and concerns.
- Listen to people and help them feel calm.

Listen with compassion and give your undivided attention.

How would you describe good communication and support? What types of words are used?



Listen



Make contact	<ul style="list-style-type: none"> •Introduce yourself by name & organization •Ask if you can provide help
Ask about needs & concerns	<ul style="list-style-type: none"> •Although some needs are obvious, always ask •Find out person's priorities - what is most important to them.
Listen & help people feel calm	<ul style="list-style-type: none"> •Do not pressure them to talk •Listen in case they want to talk •If very distressed, help them feel calm & make sure they are not alone

Effective communication skills

Communication tips

- #1 Create an environment that facilitates open communication
- #2 Involve the person
- #3 Start by listening
- #4 Be friendly, respectful and non-judgemental at all times
- #5 Use good verbal communication skills
- #6 Respond with sensitivity when people disclose difficult experiences (e.g. sexual assault, violence or self-harm)

Managing stress and coping

Help the person to:

- Identify people who can offer support. Ask who has helped in the past? Who can they turn to for help? Who do they feel supported by?
- Identify previous times when they have coped well with stress. What did they do then? Could they do something similar now?
- Listen for extreme distress reactions

Help people feel calm

- Keep your tone of voice soft and calm
- Reassure them that you are there to help
- If someone feels "unreal", help them make contact with:
 - Themselves (feel feet on the floor, tap hands on lap)
 - Their surroundings (notice things around them)
 - Their breath (focus on breath & breathe slowly)



PFA

Prepare: Learn about the crisis event
Learn about available services/supports
Learn about safety and security concerns

3Ls

Look:



- Check for safety w/ obvious urgent basic needs
- Check for people w/ serious distress reactions

Listen:

- Approach people who may need support
- Ask about people's needs/concerns
- Listen to people, and help them feel calm

Link:

- Help address basic needs/access services
- Help people cope w/problems
- Give information
- Connect people w/ loved ones/social support

PFA: Link

Link


- Help people address basic needs and access services.
- Help people cope with problems.
- Give information.
- Connect people with social support.

Help people to help themselves and regain control of their situation.

Link: Help people cope with problems

Distressed people may feel overwhelmed with worries...

- Help them prioritize urgent needs (what to do first)
- Help them identify supports in their life
- Give practical suggestions how they can meet their needs (i.e., shelters, legal aid, medical support)
- Help them remember how they coped in the past and what helps them to feel better
 - Help them to restore their natural coping mechanisms so they can regain control
- Don't impose your idea of what will be helpful to them



Positive coping strategies

Help people use their natural coping mechanisms to regain a sense of control

- Get enough rest
- Eat as regularly as possible and drink water
- Talk and spend time with family and friends
- Discuss problems with someone you trust
- Relax: walk, sing pray, play with children
- Exercise
- Avoid drugs, caffeine, nicotine
- Attend to personal hygiene
- Find safe ways to help others



Link: Tips for giving information

- Find accurate information before helping
- Keep updated
- Make sure people are informed where & how to access services - especially vulnerable people
- Say ONLY what you know - Don't make up information
- Keep messages simple & accurate, repeat often
- Give same info to all groups to decrease rumors
- Explain source & reliability of info you give
- Let them know when/where you will update them

Ending your assistance



- Use your best judgment of the person's needs and YOUR own needs.
- If you linked them with services, be sure they have contact details and know what to expect.
- No matter what your experience, say goodbye in a good way, wish them well.

Psychological First Aid

Dos and Don'ts

Don'ts

- Don't pressure someone to tell their story
- Don't judge what they have or haven't done, or how they are feeling. Don't say: "You shouldn't feel that way," or "You should feel lucky you survived."
- Don't make up things you don't know
- Don't tell them someone else's story
- Don't give false promises or false reassurances
- Don't think and act as if you must solve all the person's problems for them
- Don't take away the person's strength and sense of being able to care for themselves

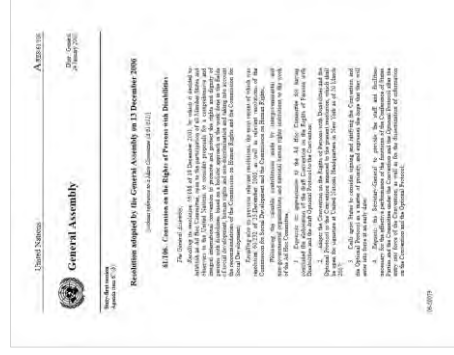
Dos

- Respect privacy and confidentiality
- Stay near the person but keep an appropriate distance depending on culture
- Let them know you are listening; nod your head or say "hmm"
- Be honest about what you know and don't know
- Acknowledge the person's strengths and how they have helped themselves.
- Allow for silence

UN Convention on the Rights of Persons with Disabilities (CRPD) (UN, 2006)

Article 1

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.



Current state of policy and law: Mental Health Conditions/Psychosocial Disabilities

- ❑ A Study: Among UN Member States, 79% that have ratified CRPD have legal restrictions on their **voting rights**
- ❑ Nearly half countries permit **dismissal from work** due to psychosocial disability
- ❑ **Right to marry**: Denied in laws in 37% of countries
- ❑ 38% countries do not recognize their **contractual capacity**
- ❑ US: 32 states restrict **parental rights** of persons with psychosocial disabilities (increasing from 23 states in '89 and 27 states in '99)
- ❑ Uganda, Mali and Congo Republic: No bars on the **right to vote**
- ❑ Ghana, Kenya: Prohibition of discrimination at **recruitment**
- ❑ Sierra Leone, Ghana, Sri Lanka: No restriction re: **Marriage**
- ❑ Bangladesh, Djibouti, Ghana: **Right to inherit**, etc.

Barriers

- **Invisibility** & sometimes hidden
- Existence of misconception, **stigma & discrimination**
- **Lack of awareness**
- Lack of political commitment/health policies
- Lack of budget allocation and other funding
- Lack of human resources (Dr, RN, CP, SW, OT, etc.)
- Lack of specialized mental health services system
- Lack of integration within primary care
- Lack of integration into other key areas such as social services, education, employment, human rights, etc.
- Lack of inclusion of persons with mental disabilities in society esp. decision making (issues of accessibility etc.) etc.

“Nothing about us, without us”

- To include persons with psychosocial /intellectual disabilities in
- Assessment
 - Planning
 - Decision-making
 - Preparation
 - Response/Implementation
 - Evaluation

Ukrainian Prioritized Multisectoral Mental Health and Psychosocial Support Actions During and After the War: Operational Roadmap (last updated 15 November 2022)

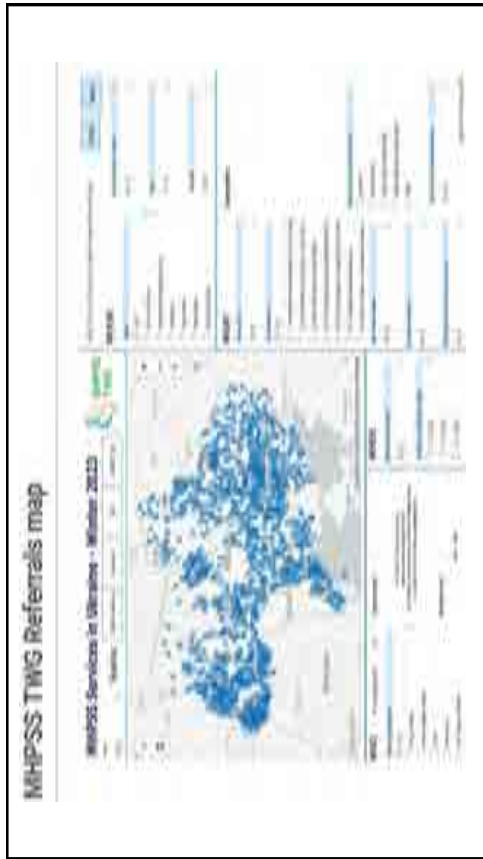


“The battles will be over.
Every displaced Ukrainian will return. ...
Destroyed schools, ... and hospitals ... will be rebuilt.

But the consequences of this war, unfortunately, will remain for years and decades.
This must be understood now. So, one more task is the battle for the mental health of our people.”

- Olena Zelenska, First Lady of Ukraine, 2022

<https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>



Human Rights-based Well-being Checklist (HRWC)

The following questions ask how much you have experienced certain things in the last year. Please read each question and circle the number on the scale that gives the best answer for you.

	Never	Seldom	Quite Often	Very Often	Always
1. I am suffering from inequality & discrimination due to my sex/gender.	0	1	2	3	4
2. I am suffering from inequality & discrimination due to my age.	0	1	2	3	4
3. I am suffering from inequality & discrimination due to my disability.	0	1	2	3	4
4. I am suffering from inequality & discrimination due to my race or ethnicity.	0	1	2	3	4
5. I am respected as a capable person.	0	1	2	3	4
6. I can move around in this city without many barriers.	0	1	2	3	4
7. I can use necessary transportation to participate in social life.	0	1	2	3	4
8. I can access necessary information to participate in social life.	0	1	2	3	4
9. I can access the Internet and other new technologies.	0	1	2	3	4
10. I can ask for support from others when needed.	0	1	2	3	4

11.	I can participate in decision-making related to my community and nation if I want.
12.	I feel threats to my life.
13.	I think I can protect my minimum safety when disasters happen in this city.
14.	My legal decision-making will be obstructed by others.
15.	I can protect my money and assets without interference from others.
16.	I can access legal services such as the court when needed.
17.	I can be detained unlawfully.
18.	I can be subject to physical or sexual violence.
19.	I can make decisions on my body and mind without interference from others.
20.	I can decide where to live.
21.	My place of living is OK.
22.	I can make my opinion heard when needed.
23.	I can keep my privacy when I wish to.
24.	I can participate in a fair election.

25.	I can marry and have a child without much interference from others, if I want.
26.	I can communicate with my family when I want to.
27.	I can communicate with my friends when I want to.
28.	I can have/had quality education.
29.	I can receive necessary health services when I have a physical health condition.
30.	I can receive necessary health services when I have a mental health condition.
31.	I think I can receive necessary social services to live in the community when needed.
32.	I can choose my work if I want to.
33.	My work environment is/would be OK (if I work).
34.	My standard of living (food, clothing, and housing) is adequate.
35.	I have access to clean water and toilets.
36.	I can access/enjoy culture and the arts (including music, films, theatres, museums, libraries, etc.).
37.	I can access/enjoy sports.
38.	I can enjoy tourism and leisure when I want to.
39.	I have freedom to keep my culture and religion.

IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action (2019)

Twin-track approach

- 1) Inclusive mainstream programme
- 2) Targeted intervention for persons with disabilities

Must do actions

- 1) Promote meaningful participation
- 2) Remove barriers
- 3) Empowerment
- 4) Disaggregate data for monitoring inclusion

