**COMMITTEE ON THE RIGHTS OF PERSONS WITH DISABILITIES (CRPD) CALL FOR SUBMISSIONS ON ARTICLE 11 OF THE CRPD**

**Response from the Government of Australia**

15 February 2023

Article 11 – Situations of risk and humanitarian emergencies

*“States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.”*

Domestic

The Australian Government is committed to leave no Australian behind and is supporting this through Australia’s Disability Strategy 2021-2031 (the Strategy) by creating an inclusive Australian society that ensures people with disability can fulfil their potential, as equal members of the community. The Strategy is Australia’s overarching framework to drive action to improve outcomes for all people with disability.

The Strategy was developed in close consultation with people with disability and the disability sector over a three-year period, with more than 3,000 people and organisations providing input into the consultation process. People with disability will continue to inform implementation and policy direction over the life of the Strategy. All governments in Australia have committed to working together alongside people with disability, communities, businesses and the non-government sector to implement the Strategy in a coordinated and targeted way.

The Strategy is supported by seven Outcome Areas which represent the areas people with disability have said need to improve. A Policy Priority under the Health and Wellbeing Outcome Area is for disaster preparedness, risk management plans and public emergency responses to be inclusive of people with disability, and support their physical and mental health, and wellbeing. This recognises that people with disability are disproportionately affected and experience higher rates of injury and death, as well as increased challenges during disaster response and recovery.

Driving action in this area is the Emergency Management Targeted Action Plan (TAP). The Emergency Management TAP sets out the actions being taken by Australian, state and territory governments to improve outcomes for people with disability in emergency management. The Emergency Management TAP has the following two objectives:

* Ensure disaster/emergency planning processes for conducting disaster risk assessments, and subsequent development and maintenance of disaster/emergency management plans, are inclusive of people with disability.
* Ensure inclusive disaster/emergency management, preparedness and recovery planning processes support the health and wellbeing of people with disability before, during and after emergencies.

A key Australian government action under the Emergency Management TAP is to engage disability advocacy groups in the review and upgrade of all national emergency warning systems. The TAP also includes a number of State and Territory actions being taken to ensure people with disability and disability representative organisations are closely engaged before, during and after emergencies.

State and territory governments have primary responsibility for protecting life, property and environment within their jurisdiction. They have established plans in place to respond to, and recover from, natural and human-caused emergencies. Local governments also have an important role in emergency management coordination, including risk assessment planning, asset management and mitigation measures.

State and territory governments have their own disability plans in place, or are developing plans that align with the Strategy. These disability plans demonstrate how governments will deliver their commitments under the Strategy, including the commitment to ensure people with disability are included in disaster and emergency responses.

Under the Strategy’s Safety, Rights and Justice Outcome Area, all governments are committed to ensuring the rights of people with disability are promoted, upheld and protected, and people with disability feel safe and enjoy equality before the law. It is recognised under this Outcome Area that people with disability are experts in their own lives and have the same rights as people without disability.

Under the Strategy, Governments are committed to the development and implementation of policies, programs, services and systems which reflect the human rights principles of the UN CRPD. The Strategy sets out eight guiding principles designed to help governments, business and the community protect and realise the human rights of people with disability. A guide to the Guiding Principles is currently being developed that will provide additional detail to help policymakers better understand and use the Guiding Principles. It is due for release in 2023.

international

The Australian Department of Foreign Affairs and Trade (DFAT) is committed to taking measures to ensure the protection and safety of persons with disabilities in situations of risk, including armed conflict, humanitarian emergencies and disaster events, under [Article 11](https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-11-situations-of-risk-and-humanitarian-emergencies.html) of the CRPD.

Disability inclusion is a key thematic priority of DFAT’s [Humanitarian Strategy](https://www.dfat.gov.au/about-us/publications/Pages/humanitarian-strategy)which states that: “all humanitarian, Disaster Risk Reduction and early recovery assistance [will be] designed and implemented in accordance with Article 11 of the CRPD, Australia’s [Development for All](https://www.dfat.gov.au/sites/default/files/development-for-all-2015-2020.pdf) strategy, and [Accessibility Design Guide](https://www.dfat.gov.au/about-us/publications/Pages/accessibility-design-guide-universal-design-principles-for-australia-s-aid-program)xiii.”

The Humanitarian Strategy also commits to “fund programs that protect and empower people with disabilities in times of crisis”.

Case studies of how DFAT has supported disability inclusion in humanitarian emergencies

In 2019, IOM Iraq developed its first disability inclusion strategy, to highlight and promote its commitment publicly and internally to the inclusion of persons with disabilities in IOM programming. **In 2021, Australia funded the IOM report** [***Persons with Disabilities and their Representative Organizations in Iraq: Barriers, Challenges and Priorities***](https://reliefweb.int/attachments/cc60bbd5-c2d2-3f79-a702-b37a29f98687/OPDs%20report%20English.pdf)***,* which outlined seven key recommendations to guide the approach of government and humanitarian actors to disability inclusion.** IOM disseminated its findings across IOM and to the Iraq Protection Cluster and the global Inter-Agency Support Group for the CRPD. DFAT co-hosted an online launch with IOM and the Iraqi Alliance of Disability Organizations, reaching
42 participants from the humanitarian and development sectors. In addition, IOM facilitated the first delivery in Iraq of the globally recognised Bridge CRP-SDGs Module 1. This supported 23 individuals to increase awareness of their rights and improve their advocacy skills. IOM is collecting and reporting disability disaggregated data, which IOM notes has helped expose hidden trends, enabled it to locate people with disabilities, and tailor project activities appropriately.

Through the Australian Humanitarian Partnership, **the Disaster READY program partners with local organisations of persons with disabilities (OPDs) in five Pacific nations to support inclusive preparation and response to disasters**. The Disaster READY program resources the role of one disaster risk reduction (DRR) officer position under each OPD to support non-government organisations (NGOs) and Governments to access localised technical assistance, capacity-building, resource development and training on disability inclusion in disaster contexts. The OPD DRR officers have supported humanitarian actors and NGOs to embed disability inclusion within disaster management plans for schools and communities,[[1]](#endnote-1) as well as conducting training and simulation exercises on accessible evacuation procedures.

**As part of the Australian Humanitarian Partnership Rohingya Refugee response in Bangladesh, nine Self Help Groups (SHG) and Disability Support Committees (DSC)[[2]](#endnote-2) were formed**. These structures are critical in the absence of OPDs and play a key role in representing the rights and voices of persons with disabilities and giving humanitarian actors an interface to identify persons with disabilities and gain their feedback on services.

Key observations

Based on Australia’s experience, our key observations are:

i) **During humanitarian crises, persons with disabilities are among the most marginalised**, and face heightened barriers in accessing life-saving relief, information, protection and assistance. Humanitarian emergencies create additional barriers in accessing emergency assistance available to the rest of the population and lead to an increase in disability prevalence. For every person who is killed during a disaster, another three people acquire permanent disabilities[[3]](#endnote-3).

ii) **Information is rarely accessible before, during, and after humanitarian emergencies.** Up to 85 per cent of people with disabilities have never participated in emergency preparedness activities, and do not have information communicated to them in an accessible way.[[4]](#endnote-4)

iii) **The presence of Organisations of Persons with Disabilities (OPDs) within crisis-affected communities is often fractured or absent due to displacement.** In many humanitarian contexts, no local OPDs exist, or where they do exist, their functions may have been disrupted by the crisis. This creates additional challenges for humanitarian actors where there are no local OPDs to directly partner with.

iv) **Humanitarian responses are often designed to provide standardised solutions to an affected community without sufficiently addressing the potential barriers faced by persons with disabilities**. Without considering these barriers and addressing the access of persons with disabilities to humanitarian assistance, persons with disabilities have been excluded and further marginalised.

v) **A remaining challenge identified by humanitarian actors is the lack of disability technical expertise within their program or organisation,** specifically regarding identifying persons with disabilities and providing adapted services.[[5]](#endnote-5) The Global Shelter Cluster 2019 baseline mapping of disability inclusion in shelter and settlements programs[[6]](#endnote-6) found that nine in ten humanitarian actors did not know how to include persons with cognitive disabilities within their humanitarian interventions.

vi) **A lack of knowledge within humanitarian actors on ‘how to’ reach persons with disabilities creates further barriers to accessing humanitarian assistance**. In coordinating and planning emergency response, many organisations and clusters do not consider disability inclusion as standard practice. In addition, the priorities of persons with disabilities are often missed during standardised needs assessments.

Recommendations

In view of the above considerations, DFAT encourages the CRPD Committee, when developing its general comment on Article 11, to recommend states ensure full compliance with their obligations to respect and fulfil the human rights of persons with disabilities by:

i) **Investing in adequate disability inclusion training for all humanitarian actors, field staff, deployees, and roster members to ensure that humanitarian actors uphold a rights-based understanding of disability. Encourage State actors to enable the deployment of persons with disabilities.** Ensure that staff are trained in disability inclusion, and that a dedicated disability focal point is appointed for each agency and program. Require disability focal points to develop and assimilate disability guidance for implementing partners.

ii) **Ensuring that disability-inclusive humanitarian action is adequately resourced,** including establishing a dedicated funding stream for providing capacity on disability inclusion for staff and humanitarian actors.

iii) **Training and sensitising humanitarian staff on how to communicate with people with diverse disabilities,** by ensuring they use the communication methods that are appropriate and preferred by the person, including the adequate provision of reasonable accommodations that assist with communication.

iv) **Supporting the establishment of self-help groups during humanitarian emergencies.** Given the presence of OPDs within crisis-affected communities may be weakened or absent, more informal, or emerging “self-help groups” may instead be the predominant forum in which persons with disabilities are represented. This requires support of humanitarian actors, and host communities to establish self-help groups.

v) **Updating information management processes to gather disability data.** Stipulate that reporting must include data collection on persons with disabilities, including prevalence data and data on needs, accessibility, the removal of barriers, and quality of services. Insist that data must be disaggregated by gender, age and disability (preferably using the [Washington Group Short Set on Functioning – Enhanced](https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-enhanced-wg-ss-enhanced/)). Advocate for a disability situation analysis and for disaggregated data to be included with the Humanitarian Needs Overview.

vi) **Requiring implementing humanitarian partners to design and include strategies on disability inclusion as part of funding requirements.** Promote and assist partners to develop approaches that identify, analyse and address the risks that persons with disabilities face, and advocate for each Cluster to undertake a situation analysis of people with disabilities, and design cluster response plans in response to the needs and barriers identified.

vii) **Report on progress that is made to include persons with disabilities; sharing lessons learned, good practice and innovation broadly**. Disseminate the results of evaluations in multiple accessible formats. Follow up evaluation recommendations on inclusion and participation of persons with disabilities to promote inclusive humanitarian assistance.

1. CBM Global Inclusion Advisory Group. 2022. Organisations of Persons with Disabilities: Making a Difference in Vanuatu and Solomon Islands. [↑](#endnote-ref-1)
2. Self-Help Groups (SHGs) are called Disability Support Committees (DSCs) in camp settings owing to Government of Bangladesh rules and regulations. [↑](#endnote-ref-2)
3. UN ESCAP. (2020). Ensuring disability-inclusive disaster risk reduction and management in Asia and the Pacific ‘Sixth session of the Working Group on the Asian and Pacific Decade of Persons with Disabilities, 2013-2022 <https://www.unescap.org/sites/default/files/Background%20Paper%20%28Disability-Inclusive%20Disaster%20Risk%20Reduction%29%20.pdf> [↑](#endnote-ref-3)
4. UNISDR (United Nations International Strategy for Disaster Reduction). (2014). ‘Sendai Framework for Disaster Risk Reduction 2015–2030.’, United Nations. [↑](#endnote-ref-4)
5. Handicap International. (2015). Disability in Humanitarian Contexts: views from affected people and field organisations. [↑](#endnote-ref-5)
6. <https://www.sheltercluster.org/sites/default/files/docs/baseline_mapping_disability_inclusion_in_shelter_2019.pdf> [↑](#endnote-ref-6)