**DISABILITY RIGHTS INTERNATIONAL**

**An oral statement during the Day of General Discussion (DGD) on article 11 of the CRPD in the regional segment for Asia Pacific, Eastern Europe and Central Asia under the topic *“Impacts and challenges faced by persons with disabilities in situations of risk & the role of state and non-state actors in addressing them”***

***Tuesday 7 March 2023***

DRI welcomes the Committee’s initiative to hold the Day of General Discussion on article 11 of the CRPD. We hope the process will be at least as inclusive as the development of the Committee’s Guidelines on Deinstitutionalization, including in emergencies. Following observations and recommendations are drawn from our experience of closely monitoring the situation of children and adults with disabilities in residential institutions, most recently in Ukraine before and during the war, as well as during Covid-19 pandemic around the world.

We call on the Committee to recognise that under article 11, a “situation of risk” should be understood to include institutionalization of any person with a disability and any child separated from family. These situations must be recognized as inherently dangerous in which almost very right protected by the CRPD is threatened, whether a state of emergency is actually taking place. When emergencies do come, these individuals are at increased risk over the population at-large, including the broad population of individuals with disabilities living in the community. For these reasons, we ask the Committee to call for increased obligations to prioritize this population and take preventative action before crises occur to fully integrate children and adults with disabilities into the community. The UN Guidelines on Deinstitutionalization describe such proactive measures, which must be understood to apply before and during situations of emergency.

Both advance preparation for emergency and principles of full enforcement in times of emergency must be incorporated into emergency response and must be understood as obligations under article 11 of the CRPD. DRI’s findings demonstrate that most of the emergencies that have occurred were largely predictable, or emergencies are so long and protracted, that advance planning can prevent much of the discrimination, abuse, and dangers we observed.

States parties to the CRPD must plan for responses that for children ensure family-based solutions regardless of the type of risk and emergency. Immediate action is needed to protect children with disabilities to live in the community and remain with their families even during emergencies. While complete safety cannot be assured for anyone during a war or emergency, children with disabilities and their families should not be denied the opportunity to live as safely as all others.

Human rights monitoring and access to institutions are especially important during times of emergency. State parties should permit human rights monitoring to continue during emergency situations, ensuring that risks are mitigated to the maximum extent possible. Human rights monitors should be given access to obtain evidence about conditions in institutions to inform governments, humanitarian relief organizations, and the public about immediate steps that are necessary to protect rights in an emergency context. A broad range of NGOs, including but not limited to OPDs, should be trained, supported, and given access to institutions and community programs in advance of emergencies to help them prepare to fill gaps in times of emergency. Especially where in-person monitoring becomes impossible, State parties should promote alternatives, such as digital, electronic, or other modes of remote communication and monitoring.

International assistance should not perpetuate segregation, discrimination, and abuse in congregate settings. During an emergency, it is not justifiable to support institutions that segregate people with disabilities from society on the grounds that such support is needed to save the lives of individuals in institutions. The same funding can be provided to community-based services, including NGOs and OPDs, that are given access to institutions to provide life-saving care to the individual without supporting the institution. Such community-based programs must be mandated to seek community inclusion and create opportunities for family and community-based placement.