



**Disability equity
within humanitarian
preparedness,
response and recovery**

Contents

Introduction.....	3
Putting disability equity at the heart of Australia's humanitarian response.....	4
Intersectionality.....	5
Accountability.....	5
Budgeting for accessibility.....	5
Participation of OPDs and people with disabilities.....	6
Case study: Self-help groups in Bangladesh empowering people with disabilities.....	8
Accountability to Affected Populations.....	9
Disability-disaggregated data.....	9
Australian Humanitarian Partnership.....	11
Disaster risk reduction and preparedness.....	12
Early warning systems.....	13
Case study: Advocating for inclusive DRR in Vanuatu.....	14
Early recovery.....	15
Protracted Crises.....	16
Endnotes.....	18

Image: Alauddin, 54, from Bangladesh teaches his students about what to do in a disaster.
©Erin Johnson/ CBM Australia



Introduction

People with disabilities represent **the world's largest minority**, accounting for 16 per cent of the global population.¹ Disasters have a greater impact on people with disabilities, who are up to four times more likely to be injured or to die during a disaster.²

In many crisis-affected communities, people with disabilities experience multiple disadvantages resulting from the interplay of poverty and discrimination, such as social exclusion and lack of basic services and information. It is estimated that up to **80 per cent of people with disabilities who are impacted by crises are already living in poverty**.³

People with disabilities face increased risk of injuries, death, and sexual violence, and are routinely left out of humanitarian assistance because it is not accessible. They regularly experience barriers to escaping climate-induced disasters or receiving support in armed conflict. Humanitarian emergencies also often produces temporary and permanent disabilities from trauma and injury.

Evacuation centres are often inaccessible to people with disabilities. People with disabilities can often lose assistive devices during a disaster, which may affect both their ability to evacuate and recover. Disaster information and early warning messages are rarely available in formats that are accessible to all.

Despite living with heightened risks, people with disabilities have historically been left out when policies and programs to prevent and reduce loss of life in the event of an emergency are decided. Ensuring the inclusion of people with disabilities must be considered a core component of principled and effective humanitarian action. It is based not only on the humanitarian principles of humanity and impartiality, but also on the human rights principles of equity and non-discrimination.

There has been a growth over the past decade in the inclusion of people with disabilities in humanitarian policies, practices, and coordination mechanisms. The 2030 Agenda for Sustainable Development acknowledges the imperative to empower people with disabilities in areas affected by complex humanitarian emergencies, and the necessity to remove obstacles to accessing support.⁴ The World Humanitarian Summit in 2016 marked a turning point in disability inclusion in humanitarian action, with the launch of the *Charter on Inclusion of Persons with Disabilities in Humanitarian Action* and establishment of the Task Team for the creation of the *IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action*, which were released in 2019.

Despite this, more action is needed for these promises to be implemented on the ground. The Indo-Pacific region is the most disaster-prone region in the world, where one in six people have a disability, so is imperative that Australia takes a proactive approach to disability-inclusive humanitarian response. **Australia must both mainstream, and develop specific disability-inclusive approaches, in its humanitarian response** to ensure that it has a robust framework that is accountable, inclusive, and responsive to all affected populations.

This briefing paper explores the context around disability inclusion in different elements of humanitarian action and provides recommendations and case studies of CBM Australia's programming.

What are people with disabilities saying about disasters?

Fifty-four per cent of people with disabilities who responded to a Handicap International study reported that they experienced direct physical impact from crises, sometimes causing new impairments. Additionally, 38 per cent reported increased psychological stress or disorientation.⁵

In research conducted by CBM Global's Inclusion Advisory Group (IAG) with Pacific Disability Forum and International Disability Alliance, 81 per cent of respondents indicated that they would have difficulty evacuating in the event of an emergency.⁶

Putting disability equity at the heart of Australia's humanitarian response

The United Nations Convention on the Rights of Persons with Disabilities (CRPD), which Australia has ratified. In Article 11, it notes that '**states shall take all necessary measures** to protect people with disabilities in situations of armed conflict, humanitarian emergencies, and natural disasters'.

The core of Australia's approach to humanitarian response should involve **meaningful inclusion of people with disabilities at all stages of preparedness, response, and recovery** to end the cycle of exclusion. This means that people with disabilities and their representative organisations must be an essential part of each of the activities contributing to these phases of program implementation and the associated monitoring and evaluation.

For all necessary measures to be taken, Australia's humanitarian strategy should implement **a twin-track approach to disability inclusion** to ensure that mainstreaming disability inclusion is executed alongside disability-specific programming. A twin-track approach involves implementing disability inclusion as a cross-cutting issue across all humanitarian projects while also creating specific projects that are necessary for the empowerment of people with disabilities.⁷



Image: Suprihatin, leads a self-help group for people with psychosocial disabilities in Indonesia, and says that participation of people with disabilities is critical in all decision-making © Erin Johnson/CBM Australia

Intersectionality

People with disabilities have overlapping identities which can create compounded vulnerabilities. **A truly inclusive response will take an intersectional approach** to address these vulnerabilities. The most marginalised groups, such as children with disabilities, are at higher risk of abuse and neglect compared to children without disabilities. Women and girls with disabilities are already up to three times more likely to experience gender-based violence than women and girls without disabilities, leaving them predisposed to even higher risks of violence in conflict settings.⁸ A report by HelpAge International and UNHCR found that 48 per cent of older people with disabilities were abused during the process of displacement, compared with 29 per cent of older people without disabilities.⁹ Just as disability is a varied experience, so too is how people with disabilities experience exclusion and discrimination during humanitarian crises. Disability-inclusive programming must account for the breadth of experience of people with disabilities.

Accountability

Humanitarian actors need to be accountable to all affected populations, including people with disabilities. The Core Humanitarian Standard on Quality and Accountability (CHS) sets out the essential elements of principled humanitarian action – grounded in **communication, participation, and consultation with affected communities** – so that actors respond to those most vulnerable to, and affected by, humanitarian crises.¹⁰ Australia must ensure that its mechanisms for accountability deliberately include people with disabilities, recognising that they are not passive recipients of aid but active decision-makers with valuable knowledge. This involves both including people with disabilities in the design of humanitarian programs, but also incorporating their feedback and evaluation to make humanitarian response more inclusive. Paramount to this is prioritising the involvement of Organisations of People with Disabilities (OPDs). OPDs are leaders in inclusive humanitarian action and their knowledge and lived experience has significant importance in establishing disability-inclusive humanitarian policy and practices. In foregrounding OPDs, **humanitarian actors can ensure that their response is accountable to people with disabilities.**

Budgeting for accessibility

Disability inclusion must be built into and budgeted for within humanitarian programming. Inclusive budgeting is necessary so that reasonable accommodation can be made for people with disabilities so that they are not left behind when disaster hits. Accessible information, evacuation routes, and assistive devices are all necessary requirements that should be accounted for in program budgets. These are all examples of reasonable accommodations, which, in line with Article 2 of the CRPD refer to necessary and appropriate modifications where needed to ensure people with disabilities are afforded the same access to participation and accessibility as people without disabilities.¹¹ Accessibility should be 'planned in advance' so that it can be implemented during humanitarian response.¹² It is imperative that DFAT budgets for disability inclusion so that people with disabilities are accounted for as soon as disaster strikes.

Recommendations:

1. Ensure that all **humanitarian investments** include:
 - a. **Mainstreaming of disability equity**
 - b. Allocation of specific contribution to addressing the **empowerment and preconditions for inclusion** of people with disabilities
 - c. Flexible budget line to provide for **reasonable accommodations** through the program cycle.
2. DFAT continues to play a **leadership role** to advocate strongly for targets, disaggregated data, and **improvements to disability equity** in all multilateral humanitarian partnerships.

Participation of OPDs and people with disabilities

It is important that we recognise the capacity of people with disabilities. People with disabilities have the knowledge, skills, and individual capacities to be able to prepare for, and respond to disaster events. However, they often experience heightened risks which arise from social exclusion and existing barriers which hinders this capacity. Actors must address these barriers in their response to humanitarian crises and recognise people with disabilities as experts in their own lives, who hold key capacities and unique perspectives.

People with disabilities and their representative organisations (OPDs) must be consulted and included in all phases of humanitarian action, from preparedness and disaster risk reduction (DRR) through to response and recovery efforts. OPDs are well-positioned to advise their partners on previous successes in disability-inclusive humanitarian response and identify their priorities and needs. By engaging directly with OPDs, humanitarian actors can better understand the barriers and identify strategies to break them down.

Through collaborating with OPDs during the humanitarian response to the COVID-19 pandemic, CBM Global witnessed first-hand the benefits of meaningful engagement with OPDs that went beyond previous surface-level inclusion efforts. For example, long-term partnerships began to develop between humanitarian organisations and OPDs, humanitarian organisations actively sought out practical guidance on disability inclusion from OPDs, and the engagement of OPDs in real-time evaluation led to adjustments to responses that better addressed the specific needs of people with disabilities.¹³

In certain humanitarian contexts where structured interest groups are not permitted to convene by local authorities, threatening the existence of OPDs, humanitarian actors must look to other mechanisms of participation of people with disabilities. This has been necessary for CBM through our role in the Australian Humanitarian Partnership (AHP) Phase III Bangladesh response to the Rohingya refugee crisis. As OPDs are perceived as interest groups, this has led to the establishment of self-help groups and disability support committees to empower people with disabilities to raise their voice and improve accountability to people with disabilities.¹⁴ DFAT and Australian NGOs must advocate and make space for the involvement of people with disabilities – especially in hostile environments – to ensure that humanitarian responses remain accountable to and empower people with disabilities.

Australian NGOs must commit to capacity building for and long-term relationships with OPDs to improve their humanitarian response. Giving OPDs an advisory or leadership role in humanitarian response supports **DFAT's commitment to localisation**. Typically, funding for OPDs is tied to projects, which results in their capacity being restricted by the terms

of the project and stifles the opportunity for growth once the project ends.¹⁵ **OPDs must receive predictable, multi-year direct funding** and not just ad hoc injections of financial assistance when disaster hits. This will help with organisational and institutional capacity building and allow OPDs to have the financial means for greater participation in humanitarian response, rather than being underfunded and absent from the decision-making table. This funding should also extend to funding their ability to engage their members on a more regular basis to effectively play their role of advocates and representatives. Engagement with OPDs should also be carefully coordinated and managed to avoid overwhelming small organisations administratively.

Recommendations:

3. Develop a civil society approach for humanitarian action that clearly articulates the **value and role of OPDs** and focuses on meaningful participation, representation and leadership, and on bringing voice and empowerment for people who are most marginalised. This should prioritise **additional capacity building and funding mechanisms** for partnering with OPDs, such as:
 - a. Targeting civil society organisation capacity-building programming
 - b. Increasing funding to NGOs or peak bodies to mentor and **build organisational capacity** in disaster risk reduction
 - c. Supporting OPD core costs with **stable and predictable funding** to enable consistent training and available resources in disaster risk reduction
 - d. Shifting the narrative around who has expertise by inviting more **frequent dialogue** between DFAT Posts and OPDs on disaster risk reduction, and ensuring inclusion of OPDs in all DRR programming.
4. Increase **investment to provide predictable multiyear core budget support** and capacity development for OPDs in the region.



Image: Shilpy, 32, from Bangladesh: "In decision-making on disasters people with disabilities must be included." ©Erin Johnson/ CBM Australia

Case study: Self-help groups in Bangladesh empowering people with disabilities

Small, local self-help groups are a vital mechanism for bringing together people with disabilities to mutually support each other and connect participants to much-needed assistance.

In Bangladesh, CBM Australia has been able to provide financial assistance to self-help groups with the support of the Australian NGO Cooperation Program and our implementing partner in Bangladesh, the Centre for Disability in Development. For people like Rabiul, who lost his left arm and leg when he was hit by a train at age 12, he was unable to secure employment and struggled to make ends meet. Once Rabiul was connected to a self-help group, he received assistive devices made especially for him CBM's support and is now selling snacks and toys near a local sports stadium.

Sajeda, another self-help group member, lost her vision when she was five. She married, had a child, and divorced at a young age. Sajeda faced extreme difficulties raising her child alone from such a young age. When Sajeda joined a self-help group, she noticed her life started to turn around. The group realised her potential and appointed her secretary, she began to flourish with confidence and managed to open her own business two years later. Now Sajeda earns enough money to put her daughter through school.



Image: Sultan Gazi, 75, from Bangladesh with members of his community: "I keep my community safe from disasters." ©Erin Johnson/ CBM Australia

Accountability to Affected Populations

Individuals accessing humanitarian assistance are the primary stakeholders of any humanitarian action. This means that they must be able to receive communications in a form they can understand, be able to provide feedback on the delivery of humanitarian assistance, and be included in decisions that affect their lives. For humanitarian actors to take account of, give account to, and be held to account by affected populations, mechanisms for Accountability to Affected Populations (AAP) need to be inclusive of people with disabilities and be fully accessible.

Participation is a critical element of AAP by enabling people with disabilities to be involved as active agents in humanitarian response. While engaging with OPDs is important, other measures can involve staff and community training to reduce attitudinal barriers and address barriers to accessibility, improving the likelihood of effective accountability.¹⁶ Investing in accurate data collection on people with disabilities is crucial for AAP, as it is needed to ensure feedback and complaint mechanisms reach all affected populations to improve the future of humanitarian programming. DFAT and partner organisations must commit to involving people with disabilities to create accountable, principled humanitarian response.

Recommendations:

5. Ensure that all humanitarian investments and partner programming include **accessible Accountability to Affected Populations mechanisms** as well as specific outreach to people with disabilities to make sure they are aware of them and understand how to use them.

Disability-disaggregated data

People with disabilities make up 16 per cent of the global population but are substantially over-represented in poorer communities and crisis settings.¹⁷ For humanitarian action to be effective, it must be informed by comprehensive data, otherwise it results in inaccurate planning that does not account for all affected populations and weakens institutional imperatives to build disability inclusion into programming.¹⁸ The *IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action* state that programming should be informed by disability-disaggregated data so that it can comprehensively respond to the barriers facing people with disabilities and where they require specific assistance.

Many crisis settings lack the disaggregated population data necessary to be able to deliver appropriate programming. The nature of crises can impinge upon the ability of aid organisations to collect such data. For people with disabilities who are already a marginalised population, they can face barriers to being identified due to a lack of knowledge on the part of humanitarian actors on how to identify people with disabilities. Additionally, they might resist identification due to stigma and fear of discrimination, so data collection must be sensitive and appropriate and through a lens of do-no-harm, limiting extractive processes as much as possible.

The collection of disability-disaggregated data during post-disaster needs assessments is necessary to ensuring early recovery includes people with disabilities. This can help to improve current and future humanitarian programming by understanding the number of affected people with disabilities and their needs, and to ensure services are equitably delivered and distributed.¹⁹

High quality humanitarian action needs to be built on an understanding of the needs and priorities of people with disabilities in the crisis context, which relies on the availability of inclusive data. To support this, it **is best practice to use the Washington Group Short Set (WGSS) on Functioning - Enhanced questions** in participatory research and rapid assessments, as well as during monitoring and evaluation, to determine the situation of people with disabilities in crisis settings.²⁰ Importantly, these questions do not use the word 'disability' to avoid screening out people with disabilities who do not wish to be identified due to stigma and different understandings of disability. In addition to using tools such as the Washington Group Short Set of questions, engagement and partnership is an important pathway to collecting quality disaggregated data. **OPDs play a vital role in identifying people with disabilities for humanitarian assistance** who otherwise might go undetected. OPDs can also play a two-way information exchange role when collecting data, providing information about available services and how to access them at the same time.

DFAT must draw on its existing commitment to inclusive data in its humanitarian work through its endorsement of the WGSS and additional OPD-led means of collecting data on people with disabilities in crisis settings.

Recommendations:

6. DFAT and implementing NGO partners to establish a mandatory requirement across all forms of humanitarian assistance that all data collected is disaggregated to identify beneficiaries with disabilities throughout the humanitarian program cycle, using the **Washington Group Short Set on Functioning - Enhanced questions** where possible and appropriate.
7. Engage OPDs to provide **alternative OPD-led forms of disability-inclusive data collection** to identify all affected populations.



Image: Abdur Rahim, 45, from Bangladesh, about to enter a local government meeting: "The people with disabilities get affected the most when a disaster comes." ©Erin Johnson/ CBM Australia

Australian Humanitarian Partnership

The Australian Humanitarian Partnership was formed between the Australian government and Australian NGO networks focusing on disaster preparedness and response in the Pacific and Timor-Leste. This innovative program uses local Pacific-based partners to deliver the \$50 million program with specific emphasis on the inclusion of women, people with disabilities and faith-based organisations in disaster preparedness. In 2020, an independent evaluation of disability inclusion in Disaster READY – a DRR and resilience program implemented through the AHP – found that the explicit focus on disability inclusion in disaster preparedness had led to the development of 367 development plans in churches, schools, and communities that specifically addressed the needs of people with disabilities, and 61 disaster committees included people with disabilities in their membership.

In response to the evaluation, a mid-term management response in 2021 found that despite the existence of some promising initiatives for people with disabilities within the AHP, overall, they were still being excluded from DRR activities.²¹ In comparison with the improvements made regarding the participation of women in DRR, for example, people with disabilities were considerably underrepresented as participants. Despite women and people with disabilities both being subjects of inclusion, in the first two years of the implementation of Disaster READY 49.5 per cent of participants were women, while only 1.8 per cent were people with disabilities.²² As such, the response recommended that AHP partners and their consortia members ensure that **at least 15 per cent of Disaster READY program beneficiaries are people living with disabilities.**²³

To improve disability inclusion in Disaster READY, the evaluation identified a number of important recommendations, including disability-inclusive planning and monitoring processes; streamlined technical assistance; organisation-level commitment to disability inclusion through policies and allocation of human resources; and strong, effective partnerships with OPDs as central enablers. DFAT must prioritise the implementation of these recommendations and hold partners to account for their delivery to improve the inclusivity of AHP programs.

Recommendations:

8. Fully implement the findings of the *Disability Inclusion in Disaster Preparedness and Response: An evaluation of disability inclusion in the Disaster READY program in Fiji, Vanuatu, Solomon Islands, Papua New Guinea and Timor-Leste* which calls for improvements in:
 - a. **Disability-inclusive planning** and monitoring processes
 - b. Streamlined **technical assistance**
 - c. Organisation-level commitment to disability inclusion through **policies and allocation of human resources**
 - d. Stronger and effective **partnerships** with OPDs.
9. Appoint a permanent **Disability Inclusion Adviser to the AHPSU** and establish a panel of disability inclusion experts across all five countries.
10. Increase **earmarked funding levels for disability equity** through the program and include a stream for multi-year funding for OPD capacity development in DRR.
11. Establish a benchmark and then annual target increases for the number of beneficiaries with disabilities reached through the program, with a **plan to reach 15 per cent by 2030.**

Disaster risk reduction and preparedness

Humanitarian action needs to be proactive, not reactive. This starts with implementing hazard reduction and preparation strategies in anticipation of disasters to strengthen communities' capacity to cope and streamline humanitarian response and recovery efforts. These processes of DRR and preparedness should be built into disability inclusive humanitarian action to mitigate the impact of crises and ensure that people with disabilities are resilient to disasters, reducing the likelihood that emergencies will create or exacerbate poverty.²⁴

This is particularly pressing in the Indo-Pacific region, with climate-induced disasters rising in frequency and intensity.²⁵ DRR has been built into existing humanitarian frameworks; Goal 3 of the *Framework for Resilient Development in the Pacific* states that strengthening disaster preparedness, response, and recovery is integral to prevent human losses and build the resilience of the Pacific community.²⁶ The *Sendai Framework for Disaster Risk Reduction 2015-30* - which was a pivotal framework regarding its targeted inclusion of people with disabilities - called for enhancing disaster preparedness to improve response and emphasised the role of people with disabilities as important stakeholders in DRR.²⁷

However, progress towards achieving these ideals has been slow, with the Midterm Review of the Sendai Framework revealing that countries still have a long way to go in prioritising disability inclusive DRR.²⁸ This is echoed by a 2022 DFAT-funded research report from IAG with the International Disability Alliance and the Pacific Disability Forum, which found that although people with disabilities are more likely to prepare for disasters independently than those without a disability, they are still routinely excluded from conversations and activities about DRR in the Indo-Pacific region.²⁹ The most prevalent responses given by people with disabilities in this report as to why they did not participate in DRR activities were that they were not invited, could not access information, and did not receive adequate communication support.³⁰

In 2021, a study across eight countries in Africa, Asia, and South and Central America found that while there was a significant increase in awareness of the importance of disability-inclusive DRR processes, a lack of disaggregated data led to gaps in inclusive programming and that efforts were largely reactive or project-based, resulting in poor sustainability.³¹ A joint study by IAG and the Humanitarian Advisory Group in 2022 looking at DRR practice in Vanuatu and Solomon Islands found that **greater inclusion in disaster response requires change to occur at multiple levels of the system**, from communities through to policy.³²

Greater representation of people with disabilities in disaster decision-making bodies improves the likelihood that the requirements of people with disabilities will be considered in disaster preparedness and response. **Humanitarian actors should engage OPDs** in DRR and disaster preparedness to ensure people with disabilities are foregrounded and that their knowledge is utilised. In an evaluation of the engagement of Disaster READY with OPDs, organisations reported that while they had been increasingly engaged in programming, this had not sufficiently led to being actively engaged and valued in decision-making.³³ Research by the International Disability Alliance reveals that in the process of engaging with governments, the UN, and funding agencies, preconditions for the participation of OPDs are still insufficient.³⁴ Gaps in accessible physical environment and information, attitudinal barriers and lack of knowledge regarding engagement with people with disabilities, and lack of funding for reasonable accommodation are all contributing elements to insufficient participation.

Australia's DRR and preparedness programs must budget and make reasonable accommodation for people with disabilities and their representative organisations to establish long-term collaboration with people with disabilities for inclusive DRR activities, and to ensure that they are not excluded from DRR and disaster preparedness.

Early warning systems

To improve the state of disability inclusion in DRR, policy and practices must involve **disability-inclusive anticipatory action** to reduce the disproportionate impact of humanitarian crises on people with disabilities. This involves taking action before a disaster occurs, by forecasting events and implementing activities and processes to mitigate future damage.³⁵ **Designing disability-inclusive early warning systems (EWSs) is imperative to reducing the impacts of climate-related disasters.** EWSs are crucial to saving communities and enables humanitarian actors to act appropriately to reduce harm or loss.³⁶

For EWSs to be effective, they must address the following criteria: knowledge of risks; ongoing monitoring of risks and hazards; communication of alerts, and; capacity to respond to warnings.³⁷ If any of these criteria fail to be inclusive of all people with disabilities, it renders the EWS inaccessible.

For example, if warnings are communicated via SMS, they risk being inaccessible to people with visual impairment who do not have access to a screen reader, or people with cognitive disabilities if the messaging is not communicated clearly. Where an EWS requires action such as evacuation, people with disabilities may not be able to act if they are not able to move independently or there is no one to assist them, or they may need additional time to evacuate.³⁸

Australian humanitarian programming for DRR must ensure that people with disabilities are actively included in each phase of EWS design and implementation, as required under the CRPD, the Sendai Framework, and other global and regional DRR policy frameworks, so that no one is left behind.



Image: Lusiana from Fiji lives in an area vulnerable to increasing climate-induced disasters and calls for greater accessibility in evacuation centres.
© Erin Johnson/CBM Australia

Recommendations:

12. **Engage OPDs at all phases of disaster risk management and response** to provide advice to implementing Australian NGOs.
13. Increase investments in **accessibility of disaster-related information** through multiple platforms including Easy Read versions of DRR materials and embedding alt-text into online documents; sign language interpreters; and social media.
14. Increase investment in disaster risk reduction programming to support and advocate for provision of **accessible early warning systems in multiple formats**, and **ensure people with disabilities are involved with the design**, understand the system, and know how to take action.
15. Establish **inclusive feedback mechanisms** to ensure the ongoing improvement and advancement of disability inclusive warnings.

Case study: Advocating for inclusive DRR in Vanuatu³⁹

Vanuatu is prone to cyclones and extreme rainfall. It is seen as one of the most vulnerable countries in the world to the impacts of climate change, and the government has made strong commitments to becoming carbon neutral. Rising ocean temperatures are having negative impacts on fish stocks. Two large cyclones in the past seven years have significantly affected the economy and wiped-out food crops. As sea levels rise, the natural and man-made barriers that keep communities safe are being washed away.

Anna is a member of the Vanuatu Disabled People's Association (VDPA) and leads their advocacy and lobbying work. Vanuatu is seen as one of the most vulnerable countries in the world to the impacts of climate change. Rising ocean temperatures are having negative impacts on fish stocks, and rising sea levels are putting communities in harm's way. CBM Australia is supporting an organisational strengthening program with VDPA which is supporting them to be able to work with government and other organisations responding to climate change, and make sure the perspectives and issues faced by people with disabilities are not overlooked.

"Sea levels are rising in the community that I live. There used to be a seawall here but now there's hardly anything left. It is slowly being eroded by the seawater," Anna said. "Around here, people with disabilities and their carers rely mainly on backyard gardens for food. With more frequent cyclones, the risk of food insecurity is high. And yet, people with disabilities have limited access to livelihoods support. We are linking in with organisations who are helping us to adapt our livelihood practices – like vegetable growing – to be resilient to climate change."

"I want my government to include VDPA in awareness raising activities on climate change – so that the messages reach people with disabilities. And we want countries like Australia to provide support to local organisations like mine. We can then do advocacy work and community adaptation programs such as livelihood programs that are resilient to a changing climate."



Image: Anna showing how as sea levels rise, the natural and man made barriers that keep communities safe are being washed away. © CBM

Early recovery

Disaster recovery provides an opportunity to build a foundation for strengthened resilience and a more inclusive community. Building disability inclusion into early recovery can improve the quality of life for people with disabilities into the future. In line with the CRPD, the principles of reasonable accommodation for people with disabilities and universal design – which are also highlighted in the Sendai Framework – must be built into all early recovery programming.⁴⁰ Like all areas of humanitarian programming, disaggregated data is essential in ensuring early recovery includes people with disabilities.

As with efforts taken to mitigate disasters before they strike, disability-inclusive recovery must see the active involvement of people with disabilities and OPDs. Multipurpose cash assistance is a proven modality assisting in recovery and provide agency to participants. Its flexibility and lower cost compared to other forms of aid delivery make it an ideal candidate for disability-inclusive humanitarian recovery efforts. This being said, there is still much room for progress to ensure that cash reaches people with disabilities.

Research conducted by CBM Global into Cash Transfer Programs (CTP) in six humanitarian responses found that by failing to identify households with people with disabilities, cash assistance was not able to reach those who need it most.⁴¹ Additionally, discrimination towards people with disabilities has seen financial service providers not agree to distribute cash without a family member present, with no guarantee that family members will respect the needs of the person with disabilities in receiving this cash.

Working with OPDs can help to identify knowledge gaps and ensure that people with disabilities are not excluded from CTP.⁴² OPDs can also play an important role in creating and distributing accessible information to people with disabilities so that they understand the program, improving the likelihood of people with disabilities having ownership of their funds. In May 2020, CBM's response to Cyclone Amphan in Bangladesh involved increasing the cash transfer values for households with people with disabilities to account for specific needs such as medicine or the repair costs of assistive technology. This demonstrates an evolution in CTP and highlights **the importance of a twin-track approach** to account for the specific needs of people with disabilities.⁴³

Recommendations:

16. Mandate that all **early recovery mechanisms and cash programming** by humanitarian partners includes the following minimum standards:
 - a. Inclusive identification and targeting
 - b. Flexibility in delivery model through direct cash as well as mobile banking
 - c. Coverage of disability-related costs
 - d. Engagement of OPDs.

Protracted Crises

Painting a picture of the situation of people with disabilities in armed conflict is difficult due to existing barriers to accessing civilian populations during conflict and a specific lack of data, research, or literature.⁴⁴ Described as 'the forgotten victims of armed conflict'⁴⁵, the challenges facing people with disabilities in humanitarian action come to a head in conflict settings, with limited access to affected populations, the politicisation and destruction of resources, mass displacement, and increasing man-made obstacles to aid delivery impacting people with disabilities disproportionately. The breakdown of economic, healthcare, education, housing, and transport infrastructures, as well as the splintering of family and community networks, impact all civilians in conflict settings, however for people with disabilities who are already marginalized, this risk is increased.⁴⁶ As such, it is necessary for disability-inclusive humanitarian response to be embedded within the Humanitarian Cluster System given the wide-ranging impacts of conflicts of people with disabilities affecting every aspect of their lives.

People with disabilities 'form one of the most socially excluded groups in any displaced or conflict-affected community'.⁴⁷ For children affected by conflict and displacement, for example, education is often limited or non-existent, and for children with disabilities this situation is often exacerbated even further by stigma or inaccessibility.⁴⁸ Mobility difficulties or the loss of assistive devices can make it impossible for people with disabilities to escape, and in situations of panicked evacuation people with disabilities have been abandoned by their families and caregivers.⁴⁹

People with disabilities have a heightened risk of violence in conflict settings. The existence of 'clustered settlements' of people with disabilities, such as care homes, orphanages, and psychiatric hospitals, has led to the use of people with disabilities as human shields by combatants.⁵⁰ A review of studies into the impact of war on children with disabilities revealed that they are at greater risk of experiencing violence compared to children without disabilities, with the practice of institutionalisation of children with disabilities increasing their exposure to violence.⁵¹ Cases of targeted killing of people with intellectual disabilities and forced sterilisation of women and girls with disabilities was documented during the protracted conflict in Colombia.⁵²

Women and girls and those of diverse SOGIESC with disabilities are disproportionately impacted by conflict and humanitarian emergencies due to multiple and intersecting forms of discrimination that heighten their exclusion and exposure to risks.⁵³ Conflict and crises already lead to increased cases of gender-based violence, however for women and girls with disabilities this is a compounded threat due to being perceived as 'easy targets' resulting from loss of protective mechanisms, social isolation, and limited mobility.⁵⁴ Women and girls with disabilities also encounter heightened barriers to programs and services in emergency settings, as well as barriers to sexual and reproductive health services. DFAT should respond to this by increasing their presence with the establishment of dedicated Protection positions at humanitarian posts. Overcrowding in shelters and inaccessible toilets or toilets not located inside the shelter itself can exacerbate the risk of violence for women with disabilities.

Key humanitarian actors have signed up to the CHS, obliging them to include those most left behind in their interventions, yet people with disabilities largely report more difficulty accessing services during conflict as opposed to disasters.⁵⁵ Disability inclusion must be a focus of all humanitarian action from the beginning of a crisis and factored into humanitarian programming through a **twin-track approach**, rather than being siloed and viewed as the responsibility of a few.

Conducting a context analysis can help to inform conflict-sensitive interventions, uphold minimum standards of Do No Harm, and fulfil the commitments of the CHS.⁵⁶

This should include:

1. Identifying what risks the affected population faces and who faces specific or heightened risks
2. Identifying the factors contributing to risk including barriers to accessing humanitarian assistance or information needed to make informed decisions
3. Understanding the capacities of the affected population to keep themselves and their communities safe.

To be inclusive of people with disabilities, this context analysis must consider the existing barriers people with disabilities already face and constraints to receiving humanitarian assistance so that they can prioritise and customise interventions. Locating and mapping existing networks of OPDs prior to conflicts arising is an important element for disability-inclusive humanitarian programming and localising humanitarian response.⁵⁷

Aside from physical barriers to accessing people with disabilities during armed conflict, humanitarian actors **must also address stigma** when interacting with people with disabilities. People with disabilities have reported being viewed as passive beneficiaries by humanitarian actors, while humanitarian actors have revealed feeling ill-equipped to include people with disabilities.⁵⁸ Strengthening the capacity of humanitarian actors - particularly through the engagement of OPDs or self-help groups - is important to close the knowledge gap and foster a more inclusive approach to humanitarian response in protracted crises. Specific emphasis should be placed on organisations of women with disabilities in crisis-affected communities to advance the leadership and involvement of women and girls in humanitarian programming.

DFAT and humanitarian delivery partners should establish earmarked budgets and increased funding for people with disabilities across the humanitarian cluster system to ensure their needs are met. Dedicated Protection positions should be created at humanitarian posts with technical training in gender and disability inclusion.

Recommendations:

17. DFAT and all implementing partners must conduct context analyses to inform disability-inclusive humanitarian response.
18. Scale up investments in **gender and disability sensitive programming** – with particular emphasis on WASH, Shelter, and Protection Clusters – in protracted crises to ensure that women with disabilities have access to water and sanitation facilities, as well as safe shelters that meet the specific access needs of women with disabilities.
19. Establish earmarked budgets and increased funding for women with disabilities in all humanitarian **gender-based violence** investments.
20. Re-establish a dedicated **Protection Advisor** position with technical expertise in the humanitarian department at DFAT and establish dedicated **Protection Officers** with advanced technical training in gender and disability inclusion at all humanitarian Posts.
21. Provide and mandate **comprehensive training in disability inclusion**, Protection and gender-based violence for all humanitarian policy and partnership staff as well as posted officers and for all humanitarian partners.

Endnotes

- 1 UNDRR. (2023). 2023 Global Survey Report on Persons with Disabilities and Disasters. <https://www.undrr.org/report/2023-gobal-survey-report-on-persons-with-disabilities-and-disasters>
- 2 Quail, J., Barker, R. & West, C. (2018). Experiences of individuals with physical disabilities in natural disasters: an integrative review. Australian Journal of Emergency Management, 33(3), 58-63. <https://knowledge.aidr.org.au/media/5776/ajem-33-3-18.pdf>
- 3 CBM International, Humanity & Inclusion, and the International Disability Alliance. (2019, 3 Dec). Inclusion of persons with disabilities in humanitarian action. <https://reliefweb.int/report/world/inclusion-persons-disabilities-humanitarian-action-39-examples-field-practices-and>
- 4 UNGA. (2015, 25 Sep). Resolution adopted by the General Assembly on 25 September 2015 (A/RES/20/1). https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_70_1_E.pdf
- 5 CBM International, Humanity & Inclusion, and the International Disability Alliance. (2019, 3 Dec). *Inclusion of persons with disabilities in humanitarian action*. <https://reliefweb.int/report/world/inclusion-persons-disabilities-humanitarian-action-39-examples-field-practices-and>
- 6 CBM Australia. (2022). *Our lessons: An approach to disability-inclusive disaster risk reduction – based on consultations with people with disabilities in the Asia and Pacific regions*. <https://www.cbm.org.au/resource/our-lessons-disability-inclusive-disaster-risk-reduction-report>
- 7 CBM Global Disability Inclusion. Twin track approach. <https://hhot.cbm.org/en/card/twin-track-approach>
- 8 Humanitarian Practice Network. (2020, Oct). Disability inclusion in humanitarian action. Humanitarian Exchange, 78. <https://odihpn.org/publication/disability-inclusion-in-humanitarian-action/>
- 9 HelpAge International & UNHCR. (2021). A claim to dignity: Ageing on the move. <https://ageingonthemove.org/>
- 10 CHS Alliance, Group URD & the Sphere Project. (2014). Core Humanitarian Standard on Quality and Accountability. <https://corehumanitarianstandard.org/the-standard/language-versions>
- 11 United Nations. (2006, 12 Dec). Convention on the Rights of Persons with Disabilities (CRPD). <https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd>
- 12 UNHCR. Inclusive Budgeting Tip Sheet. <https://www.unhcr.org/sites/default/files/legacy-pdf/62962a0a4.pdf>
- 13 CBM Global Disability Inclusion. (2022). Engaging with organisations of persons with disabilities in humanitarian response. <https://cbm-global.org/resource/engaging-with-organisations-of-persons-with-disabilities-in-humanitarian-response>
- 14 CBM Global Inclusion Advisory Group. (2023). Our lessons: AHP III Bangladesh inclusion matters. Reference forthcoming.
- 15 CBM Australia. (2021, 29 Nov). Strengthening OPDs in Ethiopia increases impact and value for money. <https://www.cbm.org.au/stories/strengthening-opds-in-ethiopia-increases-impact-and-value-for-money>

- 16 UNICEF. Disability inclusion in Accountability to Affected Populations. <https://www.unicef.org/media/124181/file/Disability%20inclusion%20in%20Accountability%20to%20Affected%20Populations.pdf>
- 17 Diakonia International Humanitarian Law Centre. (2021, 3 Dec). Armed conflict and persons with disabilities. <https://reliefweb.int/report/world/fact-sheet-conflict-and-persons-disabilities-3-december-2021>
- 18 Humanitarian Practice Network. (2020, Oct). Disability inclusion in humanitarian action. Humanitarian Exchange, 78. <https://odihpn.org/publication/disability-inclusion-in-humanitarian-action/>
- 19 Global Facility for Disaster Reduction and Recovery. (2020, 30 Apr). Disability-inclusive disaster recovery: Guidance note. <https://www.preventionweb.net/publication/disability-inclusive-disaster-recovery-guidance-note>
- 20 CBM International, Humanity & Inclusion, and the International Disability Alliance. (2019, Dec 3). Inclusion of persons with disabilities in humanitarian action. <https://reliefweb.int/report/world/inclusion-persons-disabilities-humanitarian-action-39-examples-field-practices-and>
- 21 Department of Foreign Affairs and Trade (DFAT). (2021). Australian Humanitarian Partnership (AHP) Mid-Term Evaluation Management Response. <https://www.dfat.gov.au/sites/default/files/australian-humanitarian-partnership-mid-term-evaluation-management-response-2021.pdf>
- 22 Kelly, L. & Roche, A. (2020). Australian Humanitarian Partnership Mid-Term Evaluation. <https://www.dfat.gov.au/sites/default/files/australian-humanitarian-partnership-mid-term-evaluation-2020.pdf>
- 23 Department of Foreign Affairs and Trade (DFAT). (2021). Australian Humanitarian Partnership (AHP) Mid-Term Evaluation Management Response. <https://www.dfat.gov.au/sites/default/files/australian-humanitarian-partnership-mid-term-evaluation-management-response-2021.pdf>
- 24 Global Facility for Disaster Reduction and Recovery. (2017). Disability inclusion in disaster risk management: Promising practices and opportunities for enhanced engagement. <https://www.gfdrr.org/en/publication/disability-inclusion-disaster-risk-management>
- 25 Quinn, S. (2022, 18 Nov). Strengthening disaster resilience in the Pacific. The Interpreter. <https://www.lowyinstitute.org/the-interpreter/strengthening-disaster-resilience-pacific>
- 26 Pacific Resilience Partnership. (2016, 11 Sep). Framework for Resilient Development in the Pacific. <https://www.resilientpacific.org/en/framework-resilient-development-pacific>
- 27 UNDRR. (2023). 2023 Global Survey Report on Persons with Disabilities and Disasters. <https://www.undrr.org/report/2023-gobal-survey-report-on-persons-with-disabilities-and-disasters>
- 28 UNDRR. (2023, 5 Apr). The Report of the Midterm Review of the Implementation of the Sendai Framework for Disaster Risk Reduction 2015-2030. <https://sendaiframe-mtr.undrr.org/publication/report-midterm-review-implementation-sendai-framework-disaster-risk-reduction-2015-2030>.
- 29 CBM Australia. (2022). Our lessons: An approach to disability-inclusive disaster risk reduction – based on consultations with people with disabilities in the Asia and Pacific regions. <https://www.cbm.org.au/resource/our-lessons-disability-inclusive-disaster-risk-reduction-report>

30 ibid.

31 Arbeiter-Samariter-Bund Deutschland e.V., Centre for Disability in Development, CBM, IDA & Malteser International. (2022, 17 May). Including persons with disabilities in disaster risk reduction: a research study from eight countries of Africa, Asia and South/Central America. <https://reliefweb.int/report/world/including-persons-disabilities-disaster-risk-reduction-research-study-eight-countries-africa-asia-and-southcentral-america>

32 CBM Global Disability Inclusion & Humanitarian Advisory Group. (2022). Organisations of persons with disabilities: Making a difference in Vanuatu and Solomon Islands. <https://cbm-global.org/resource/organisations-of-persons-with-disabilities-vanuatu-solomon-islands>

33 Kelly, L. & Roche, A. (2020). Australian Humanitarian Partnership Mid-Term Evaluation. <https://www.dfat.gov.au/sites/default/files/australian-humanitarian-partnership-mid-term-evaluation-2020.pdf>

34 International Disability Alliance. (2020, 27 Nov). Increasingly consulted, but not yet participating: IDA Global Survey Report on Participation of Organisations of Persons with Disabilities, 2020. <https://www.internationaldisabilityalliance.org/blog/increasingly-consulted-not-yet-participating-ida-global-survey-report-participation>

35 Humanitarian Advisory Group. (2023, Oct). On the front foot: Envisioning a model for anticipatory action in the Pacific. https://humanitarianadvisorygroup.org/wp-content/uploads/2023/10/HAG-HH2-PP_Real-time-Analysis_Anticipatory-Action.pdf

36 FAO. (2020). Applying an inclusive and equitable approach to anticipatory action. <https://www.fao.org/3/cb1072en/CB1072EN.pdf>

37 Pacific Disability Forum. (2022). Fiji Disability Inclusive Community Based Disaster Risk Management Toolkit. <https://pacificdisability.org/wp-content/uploads/2022/01/Fiji-Disability-Inclusive-Community-Based-Disaster-Risk-Management-Toolkit.pdf>

38 CBM Australia. (2022). Pacific disaster ready: Disability inclusion tip sheets. <https://www.cbm.org.au/resource/pacific-disaster-ready-disability-inclusion-tip-sheets>

39 CBM Australia. (2023, 6 Jul). The impact of climate change: From people with disabilities in the places we work. <https://www.cbm.org.au/wp-content/uploads/2023/07/2023-impact-of-climate-change-cbma-accessible-07-06.pdf>

40 Global Facility for Disaster Reduction and Recovery. (2020, 30 Apr). Disability-inclusive disaster recovery: Guidance note. <https://www.preventionweb.net/publication/disability-inclusive-disaster-recovery-guidance-note>

41 CBM Global (Authors Brown, D; Bodgener,P; Rothe, M. (2021). Disability Inclusive Cash Assistance: Learnings from practice in humanitarian response. <https://cbm-global.org/resource/disability-inclusive-cash-assistance-learnings-from-practice-in-humanitarian-response>

42 ibid.

43 CBM UK. (2023, 8 Jun). Disability inclusive cash transfer: Lessons from the humanitarian response to Cyclone Amphan. <https://www.cbmuk.org.uk/resource/disability-inclusive-cash-transfer-lessons-from-the-humanitarian-response-to-cyclone-amphan/>

44 Priddy, A. (2019, April). Disability and Armed Conflict. Geneva Academy Briefing, 14. <https://geneva-academy.ch/joomlatools-files/docman-files/Academy%20Briefing%2014-interactif.pdf>

- 45 OHCHR. (2013, 17 Sep). Persons with disabilities 'forgotten victims' of Syria's conflict – UN Committee. <https://www.ohchr.org/en/press-releases/2013/09/persons-disabilities-forgotten-victims-syrias-conflict-un-committee>
- 46 GSDRC. (2016, Jan). Women and girls with disabilities in conflict and crises. <https://gsdrc.org/publications/women-and-girls-with-disabilities-in-conflict-and-crises-%EF%BB%BF/>
- 47 Pearce, E. Paik, K. & Robles, O.J. (2016). Adolescent girls with disabilities in humanitarian settings: "I am not 'worthless'—I am a girl with a lot to share and offer". *Girlhood Studies*, 9(1), 118-136. <http://dx.doi.org/10.3167/ghs.2016.090109>
- 48 Human Rights Watch. (2021, 8 Jun). Persons with disabilities in the context of armed conflict: Submission to the UN Special Rapporteur on the Rights of Persons with Disabilities. <https://www.hrw.org/news/2021/06/08/persons-disabilities-context-armed-conflict>
- 49 Human Rights Watch. (2015, 28 Apr). Central African Republic: People with disabilities left behind. <https://www.hrw.org/news/2015/04/28/central-african-republic-people-disabilities-left-behind>
- 50 UNICEF. (2018). Children with disabilities in situations of armed conflict. <https://www.unicef.org/documents/children-disabilities-situations-armed-conflict>
- 51 *ibid.*
- 52 Priddy, A. (2019, April). Disability and Armed Conflict. Geneva Academy Briefing, 14. <https://geneva-academy.ch/joomlatools-files/docman-files/Academy%20Briefing%2014-interactif.pdf>
- 53 Women's Refugee Commission. (2014, Mar). Disability inclusion: Translating policy into practice in humanitarian action. <https://reliefweb.int/report/world/disability-inclusion-translating-policy-practice-humanitarian-action>
- 54 GSDRC. (2016, Jan). Women and girls with disabilities in conflict and crises. <https://gsdrc.org/publications/women-and-girls-with-disabilities-in-conflict-and-crises-%EF%BB%BF/>
- 55 Handicap International. (2015). Disability in humanitarian contexts: Views from affected people and field organisations. <https://www.un.org/disabilities/documents/WHS/Disability-in-humanitarian-contexts-HI.pdf>
- 56 FAO. (2020). Applying an inclusive and equitable approach to anticipatory action. <https://www.fao.org/3/cb1072en/CB1072EN.pdf>.
- 57 IFRC. (2015). All under one roof: Disability-inclusive shelter and settlements in emergencies. <https://www.ifrc.org/media/48958>
- 58 GSDRC. (2016, Jan). Women and girls with disabilities in conflict and crises. <https://gsdrc.org/publications/women-and-girls-with-disabilities-in-conflict-and-crises-%EF%BB%BF/>

Please stay in touch

Sign up for our advocacy emails at cbm.org.au/about-us/what-we-do/advocacy

cbm.org.au

1800 678 069

PO Box 196, Richmond, VIC, 3121

f facebook.com/CBMAustralia

t @CBMAustralia

in linkedin.com/company/cbm-australia

@ @cbmaustralia



CBM Australia Ltd ABN 23 005 326 849